HRSA Electronic Handbooks (EHB)

FY 2017 New Access Points (NAP)

HRSA-17-009

User Guide for Applicants

Last updated on March 11, 2016

U.S. Department of Health and Human Services
HRSA
Health Resources and Services Administration

Table of Contents

This user guide describes the steps you need to follow in order to submit a Fiscal Year (FY) 2017 New Access Points (NAP) application to the Health Resources and Services Administration (HRSA). This user guide does not replace the Funding Opportunity Announcement, which details the NAP program requirements and the instructions for application development. See the NAP technical assistance webpage at http://bphc.hrsa.gov/programopportunities/fundingopportunities/NAP for additional resources.

1. Starting the FY 2017 NAP Application

Complete and submit the FY 2017 NAP application by following a two-step process:

1. Locate the funding opportunity in Grants.gov, download the application package, and submit the required application forms in Grants.gov. To find the application package, search by the announcement number HRSA-17-009 in Grants.gov.
2. You must validate, complete, and submit this application in the HRSA Electronic Handbooks (EHB). To validate the Grants.gov application, log into EHB and click on the **Grant Applications** link under the Tasks tab (**Figure 1**, **1**) and then click on the *Grants.Gov Application Pending Validation:* **Validate** link (**Figure 1**, **2**). You will need your Grants.gov and EHB tracking numbers (emailed after successful Grants.gov submission) (**Figure 2**).

Figure 1: Grant Applications Link

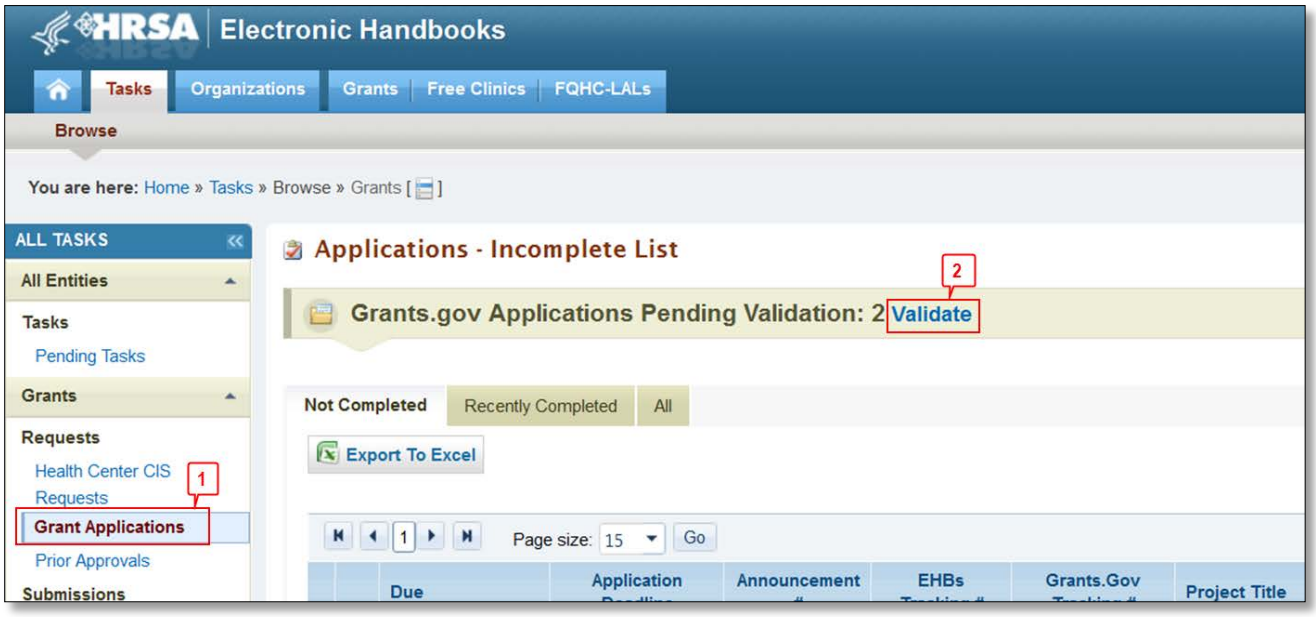
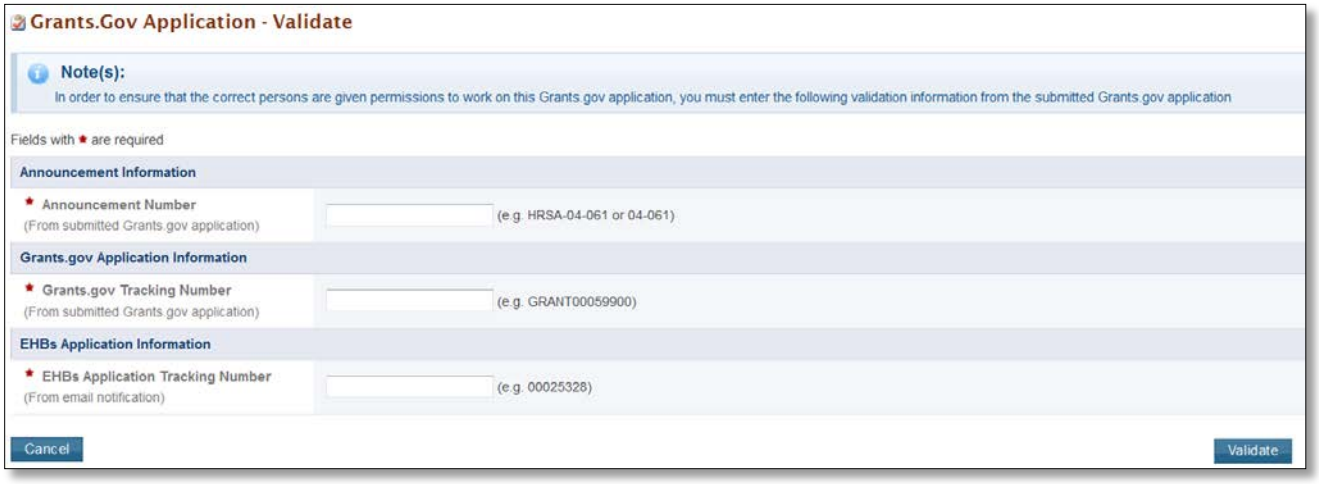


Figure 2: Validating your Grant.gov Application



IMPORTANT NOTE: Refer to the HRSA SF-424 Two Tier Application Guide (http://www.hrsa.gov/grants/apply/applicationguide/sf424programspecificappguide.pdf) for details related to submitting the application in Grants.gov and validating it in EHB.

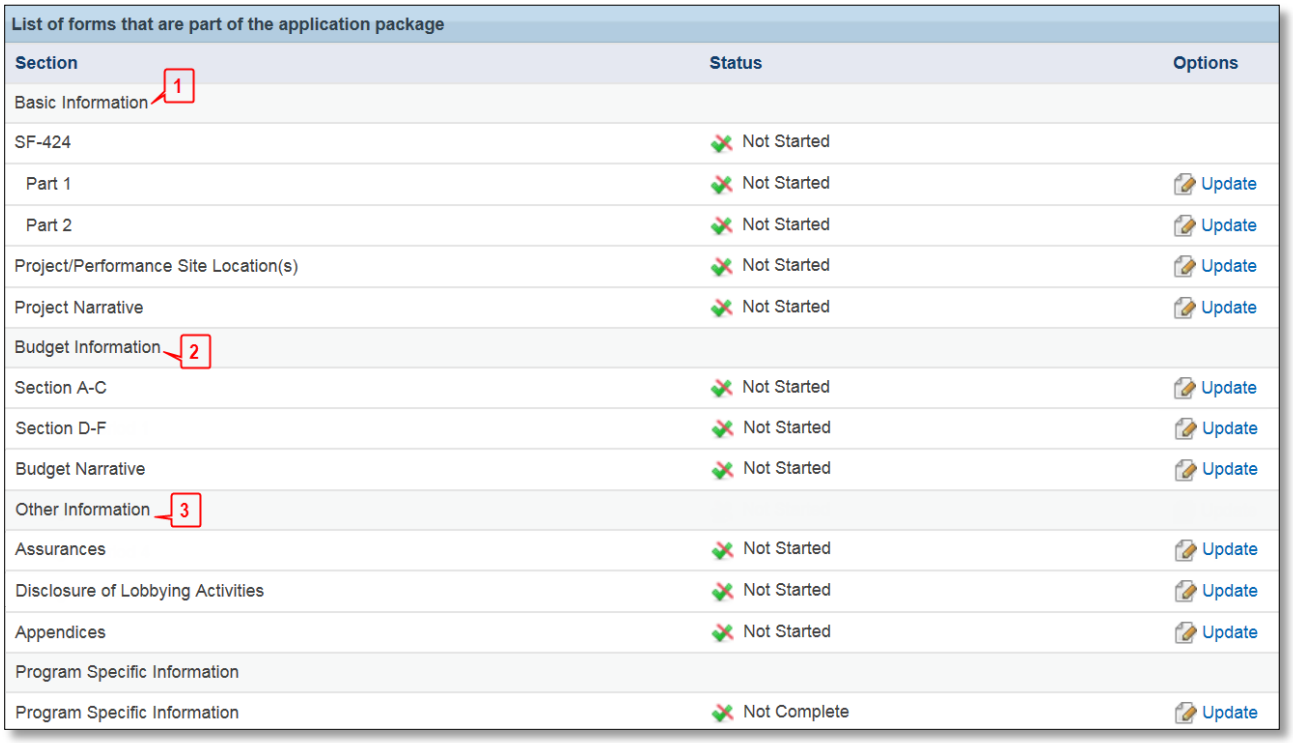
Once the application is validated in EHB, you can access it in your pending tasks. To access the application in EHB, follow the steps below:

1. After logging into EHB, click the Tasks tab on the EHB **Home** page to navigate to the **Pending Tasks – List** page.

IMPORTANT NOTE: If you do not have a username, you must register in EHB. Do not create duplicate accounts. If you experience log in issues or forget your password, contact the Bureau of Primary Health Care (BPHC) Helpline at http://www.hrsa.gov/about/contact/bphc.aspx or (877) 974-2742.

2. Locate the NAP application using the EHB application tracking number and click the **Start** link to begin working on the application in EHB.
   - The system opens the **Application - Status Overview** page of the application (**Figure 3**).

Figure 3: Application - Status Overview Page



List of forms that are part of the application package

Section	Status	Options
Basic Information 1		
SF-424	Not Started	
Part 1	Not Started	Update
Part 2	Not Started	Update
Project/Performance Site Location(s)	Not Started	Update
Project Narrative	Not Started	Update
Budget Information 2		
Section A-C	Not Started	Update
Section D-F	Not Started	Update
Budget Narrative	Not Started	Update
Other Information 3		
Assurances	Not Started	Update
Disclosure of Lobbying Activities	Not Started	Update
Appendices	Not Started	Update
Program Specific Information		
Program Specific Information	Not Complete	Update

The application consists of a standard section and a program specific section. You must complete the forms displayed in both of these sections to submit your application to HRSA. Click Update to access each section.

2. Completing the Standard SF-424 Section of the Application

The standard SF-424 section of the application consists of the following main sections:

- Basic Information (**Figure 3**, **1**)
- Budget Information (**Figure 3**, **2**)
- Other Information (**Figure 3**, **3**)

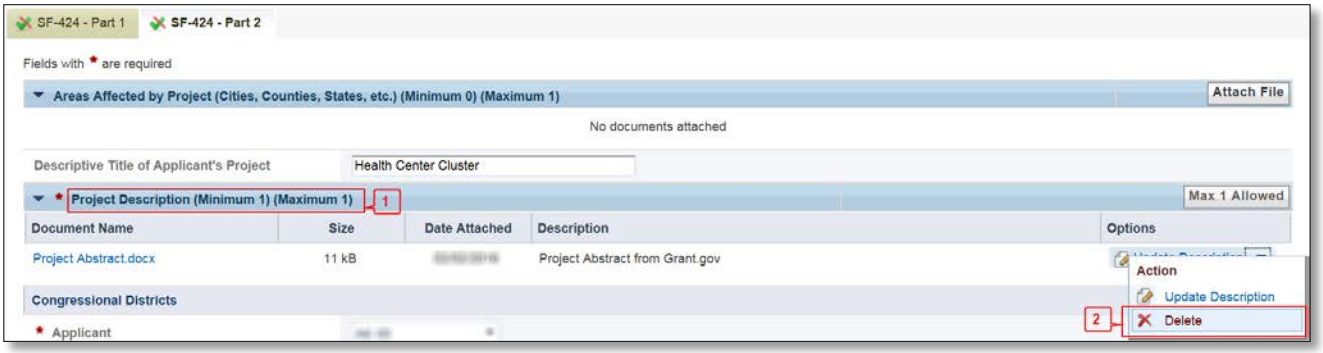
2.1 Completing the Basic Information Section

The Basic Information has been imported from Grants.gov and has undergone a data validation check. You may edit this information if necessary. Only the fields marked with a star * are required for completion. This section consists of the following forms:

- The **SF-424 Part 1** form displays basic information about the application and the applicant organization.
- The **SF-424 Part 2** form displays information about the proposed project, including: the project title, project period, cities, counties, and Congressional districts affected by the project.

- The Project Abstract has been imported from Grants.gov and placed under the Project Description section (**Figure 4**, **1**). You may update the abstract as necessary, by clicking the arrow next to the **Update Description** link, and selecting Delete to remove the Grants.gov version (**Figure 4**, **2**). Then upload an updated abstract by clicking Attach File.

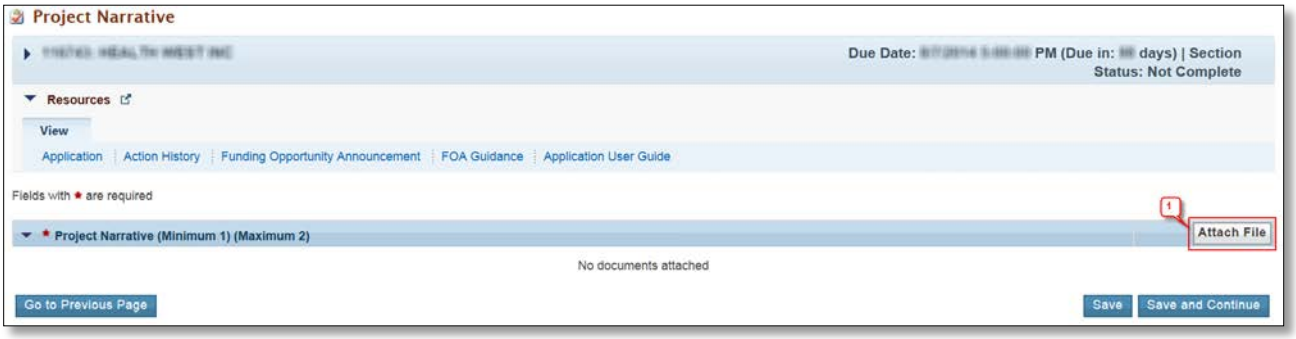
Figure 4: Project Description on SF-424 Part 2



- In the Congressional Districts fields, select the congressional district where the applicant organization is located. Also select the congressional district where the new access point is located. If you need to include additional congressional districts, you may upload an attachment with the relevant information by clicking the Attach File button on the 'Additional Program/Project Congressional Districts' line.
- For the Proposed Project Period, enter 01/01/2017 to 12/31/2018.
- The Estimated Funding section will update automatically when edits are made to the Budget Information section.
- Refer to the HRSA SF-424 Two Tier Application Guide (http://www.hrsa.gov/grants/apply/applicationguide/sf424programspecificappguide.pdf) for details related to the Executive Order 12372 process.

- The **Project/Performance Site Location(s)** form, provided in Grants.gov, displays the site locations where you propose to provide services through the proposed NAP project. You may update the information provided from Grants.gov.
- In the **Project Narrative** form, attach the Project Narrative by clicking the Attach File button (**Figure 5**, **1**).

Figure 5: Project Narrative



2.2 Completing the SF-424A Budget Information

For this section, you must complete the **Budget Information** Section A-C and D-F forms and provide a **Budget Justification Narrative.**

2.2.1 Budget Information – Section A-C

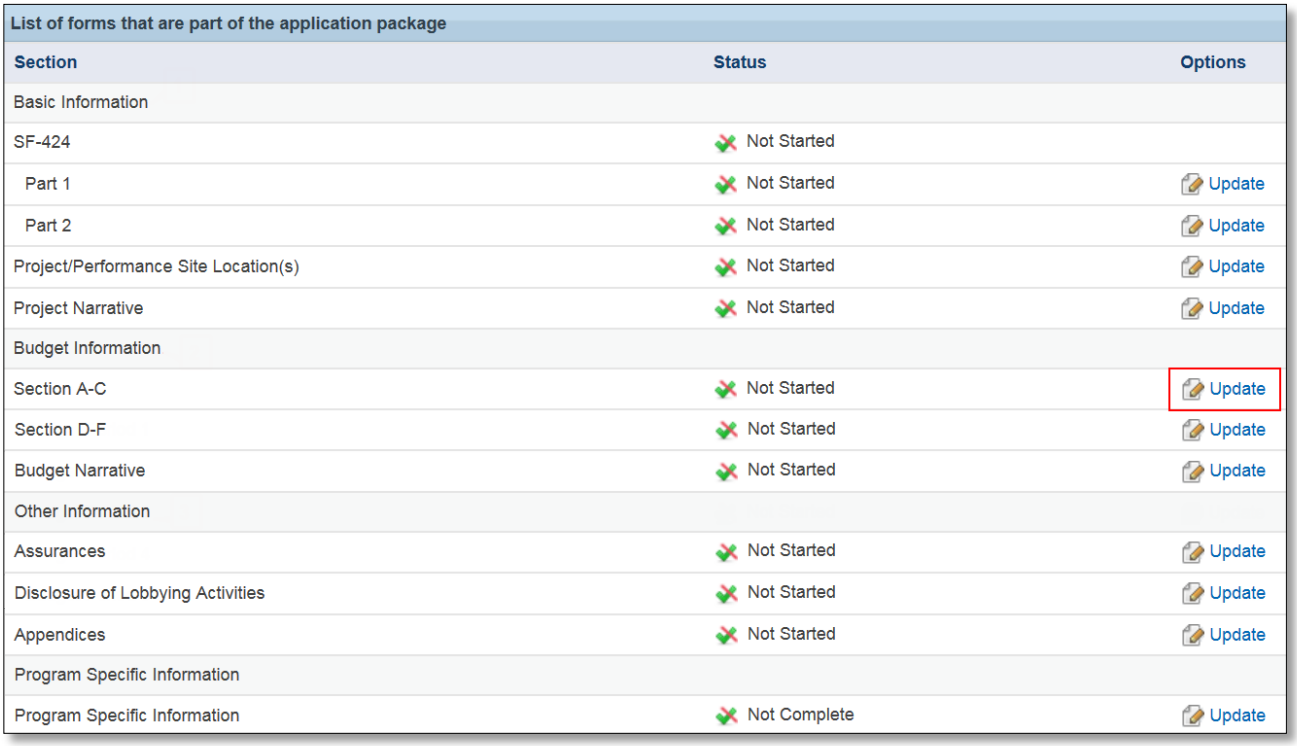
The **Budget Information – Section A-C** form consists of the following three sections:

- Section A – Budget Summary
- Section B – Budget Categories
- Section C – Non-Federal Resources

To complete this form, follow the steps below:

1. Click the **Update** link for Section A-C on the **Application - Status Overview** page (**Figure 6**).

Figure 6: Budget Information Section A-C Update Link

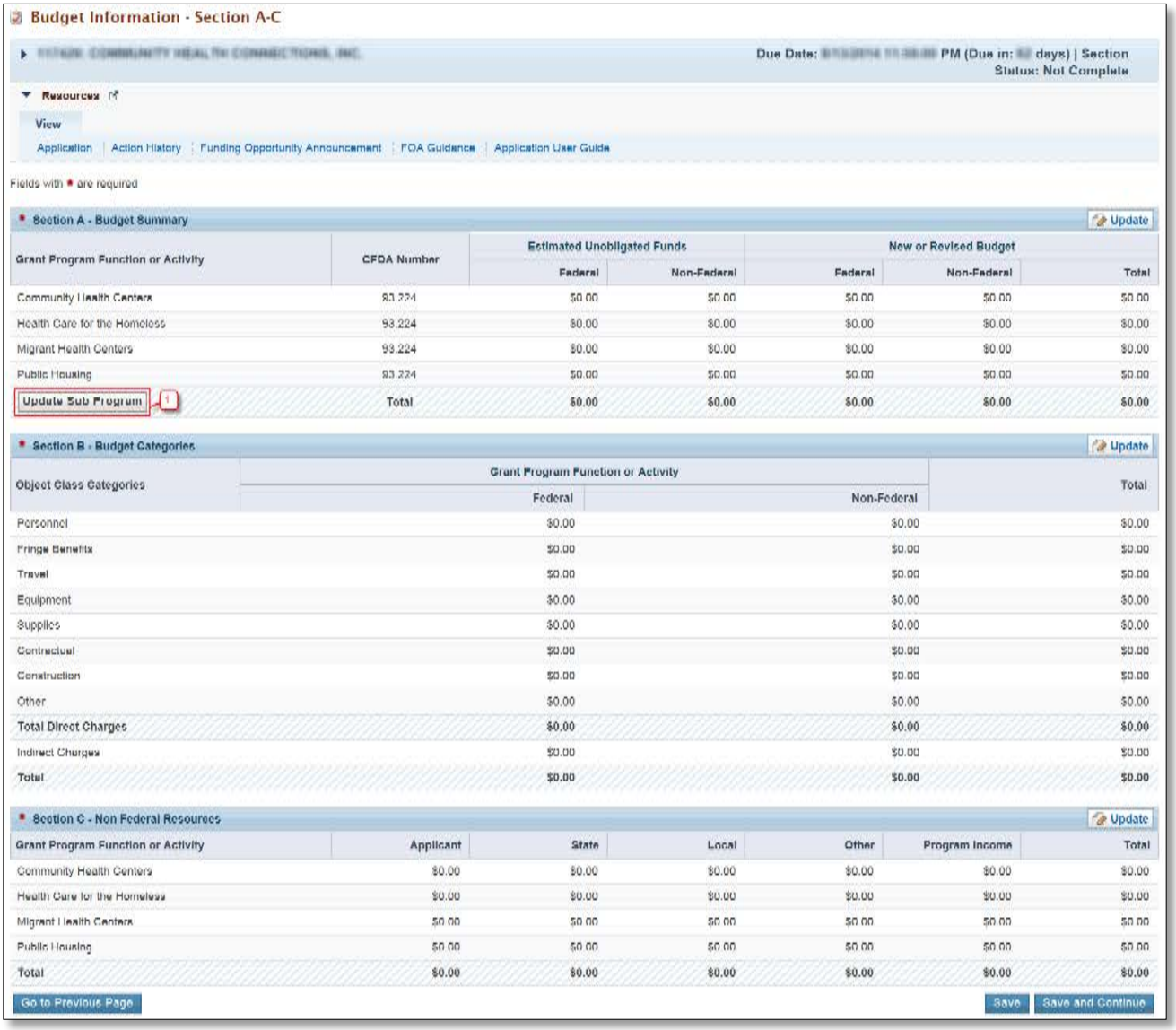


List of forms that are part of the application package

Section	Status	Options
Basic Information		
SF-424	Not Started	
Part 1	Not Started	Update
Part 2	Not Started	Update
Project/Performance Site Location(s)	Not Started	Update
Project Narrative	Not Started	Update
Budget Information		
Section A-C	Not Started	Update
Section D-F	Not Started	Update
Budget Narrative	Not Started	Update
Other Information		
Assurances	Not Started	Update
Disclosure of Lobbying Activities	Not Started	Update
Appendices	Not Started	Update
Program Specific Information		
Program Specific Information	Not Complete	Update

- The system navigates to the **Budget Information – Section A-C** form (**Figure 7**).

Figure 7: Budget Information – Section A-C Page



2. Review the pre-populated sub programs (i.e., funding streams). If the pre-populated information does not reflect the funding streams to be proposed in the NAP project, under **Section A – Budget Summary**, click the Update Sub Program button (**Figure 7**, **1**). If you do not need to modify the sub program selections, move to step 3.

   - The **Sub Programs – Update** page opens (**Figure 8**).
   - Select or unselect the sub programs. Only select the programs for which you are requesting funding.
   - Click the Save and Continue button.
   - The **Budget Information – Section A-C** page re-opens showing the selected sub program(s) under the Section A – Budget Summary (**Figure 9**, **1**).

Figure 8: Sub Programs – Update Page

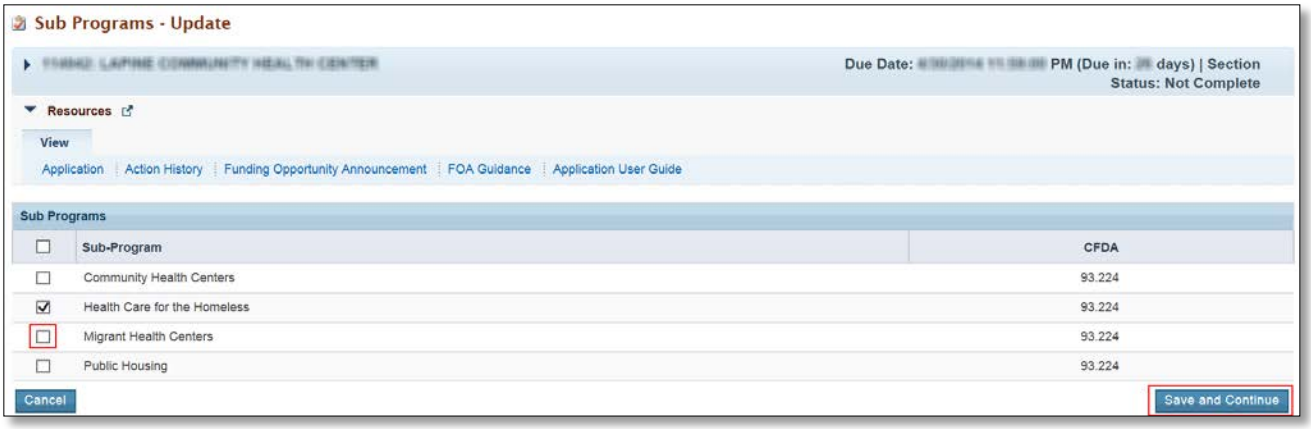
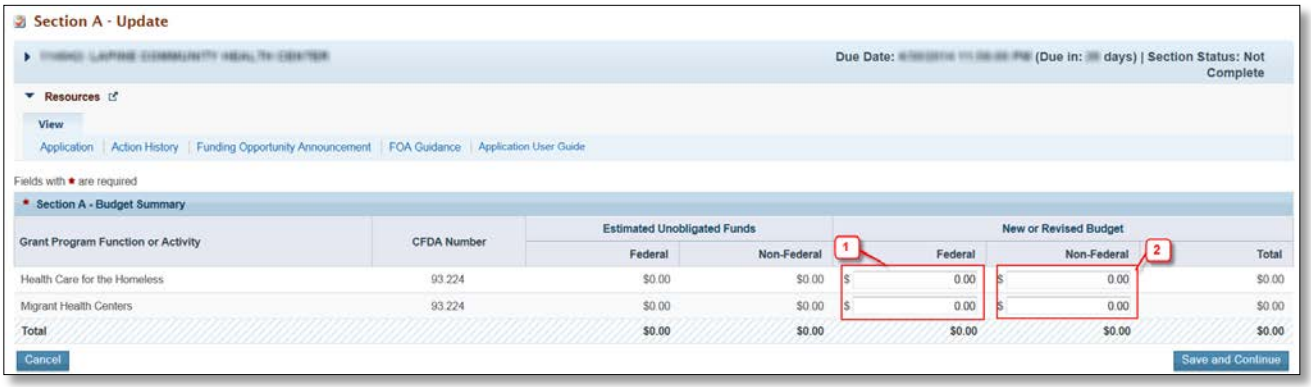


Figure 9: Section A – Budget Summary Showing Addition of Sub Program

3. To enter or update the budget information for each sub program, click the Update button displayed in the top right corner of the Section A – Budget Summary header (**Figure 9**, **2**).
   - The **Section A – Update** page opens.

Figure 10: Section A – Update Page



4. Under the **New or Revised Budget** section, in the Federal column, enter the amount of federal funds requested for the first 12-month period of the NAP project for each requested sub program (CHC, MHC, HCH, and/or PHPC) (**Figure 10**, **1**). In the Non-Federal column, enter the non-federal funds in the budget for the first 12-month period for each requested sub program (**Figure 10**, **2**). Do not enter amounts in the Estimated Unobligated Funds columns.

IMPORTANT NOTE: The federal amount refers only to the NAP funding request, not all federal grant funding that an applicant receives. The total federal amount cannot exceed $650,000.

5. Click the Save and Continue button.
   - The **Budget Information – Section A-C** page re-opens displaying the updated New or Revised Budget under Section A – Budget Summary (**Figure 11**).

Figure 11: Section A – Budget Summary Page after Update

Section A - Budget Summary — Update

Grant Program Function or Activity	CFDA Number	Estimated Unobligated Funds		New or Revised Budget		
		Federal	Non-Federal	Federal	Non-Federal	Total
Health Care for the Homeless	93.224	$0.00	$0.00	$30,000.00	$0.00	$30,000.00
Migrant Health Centers	93.224	$0.00	$0.00	$20,000.00	$0.00	$20,000.00
Update Sub Program	Total	$0.00	$0.00	$50,000.00	$0.00	$50,000.00

6. In Section B – Budget Categories, provide the federal and non-federal funding distribution across object class categories for the first 12-month period. Click the Update button provided at the top right corner of the Section B header (**Figure 12**).

Figure 12: Section B – Budget Categories

Section B - Budget Categories — Update

Object Class Categories	Grant Program Function or Activity		Total
	Federal	Non-Federal	
Personnel	$0.00	$0.00	$0.00
Fringe Benefits	$0.00	$0.00	$0.00
Travel	$0.00	$0.00	$0.00
Equipment	$0.00	$0.00	$0.00
Supplies	$0.00	$0.00	$0.00
Contractual	$0.00	$0.00	$0.00
Construction	$0.00	$0.00	$0.00
Other	$0.00	$0.00	$0.00
Total Direct Charges	**$0.00**	**$0.00**	**$0.00**
Indirect Charges	$0.00	$0.00	$0.00
Total	**$0.00**	**$0.00**	**$0.00**

   - The system navigates to the **Section B – Update** page (**Figure 13**).

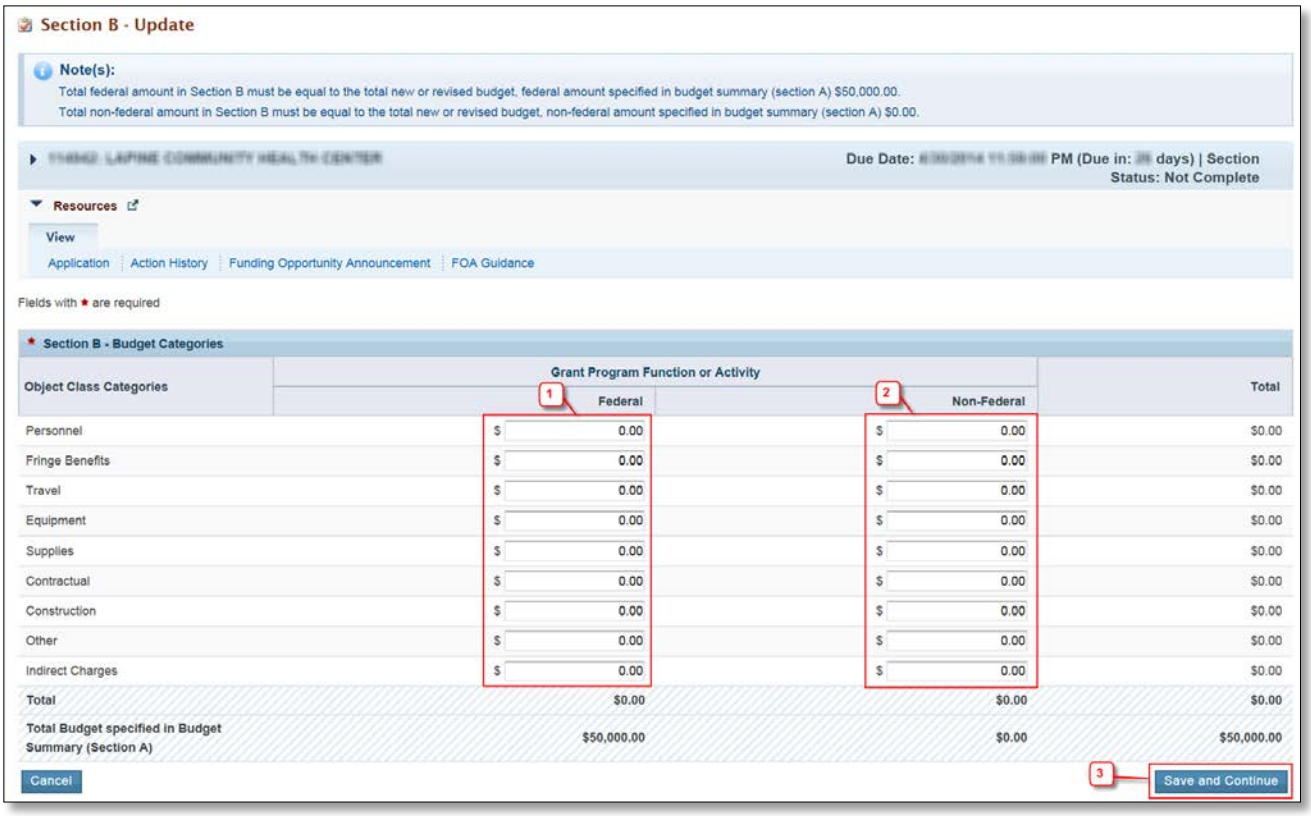
7. Enter the federal dollar amount for each applicable object class category under the Federal column (**Figure 13**, **1**).

   In Year 1 only, up to $150,000 may be requested for equipment (enter on the Equipment row) and/or minor alterations/renovations (enter on the Construction row). The one-time funding information entered in Form 1B: BPHC Funding Request Summary must be consistent with the request here in Section B of the SF-424A Budget Information form.

8. Similarly, enter the non-federal dollar amount for each applicable object class category under the Non-Federal column (**Figure 13**, **2**). Applicants must present the total budget for the NAP project,

which includes all non-grant funds (i.e., Non-Federal funding), including both program income and all other non-grant funding sources that support the NAP scope of project. See the Policy Information Notice 2013-01 at http://bphc.hrsa.gov/programrequirements/pdf/pin201301.pdf for additional information on health center budgeting.

Figure 13: Section B – Update Page



IMPORTANT NOTES:

- The total federal amount in Section B – Budget Categories must be equal to the total new or revised federal budget amount specified in Section A – Budget Summary of the Budget Information – Section A-C page (no greater than $650,000).
- The total non-federal amount in Section B – Budget Categories must be equal to the total new or revised non-federal budget amount specified in Section A – Budget Summary of the Budget Information – Section A-C page.

9. Click the Save and Continue button (**Figure 13**, **3**) to navigate to the **Budget Information – Section A-C** page (**Figure 7**).
10. In Section C – Non Federal Resources, distribute the non-federal budget amount specified in Section A – Budget Summary across the applicable non-federal resources. Click the Update button in the top right corner of Section C header to do so (**Figure 14**, **1**). Include other non-NAP federal funds in

the “other” category, if applicable. Program Income should be consistent with the Total Program Income (patient service revenue) presented in Form 3: Income Analysis.

Figure 14: Section C - Non Federal Resources

IMPORTANT NOTE: The total non-federal amount in Section C – Non Federal Resources must be equal to the total new or revised non-federal budget amount specified in Section A – Budget Summary of the **Budget Information – Section A-C** form.

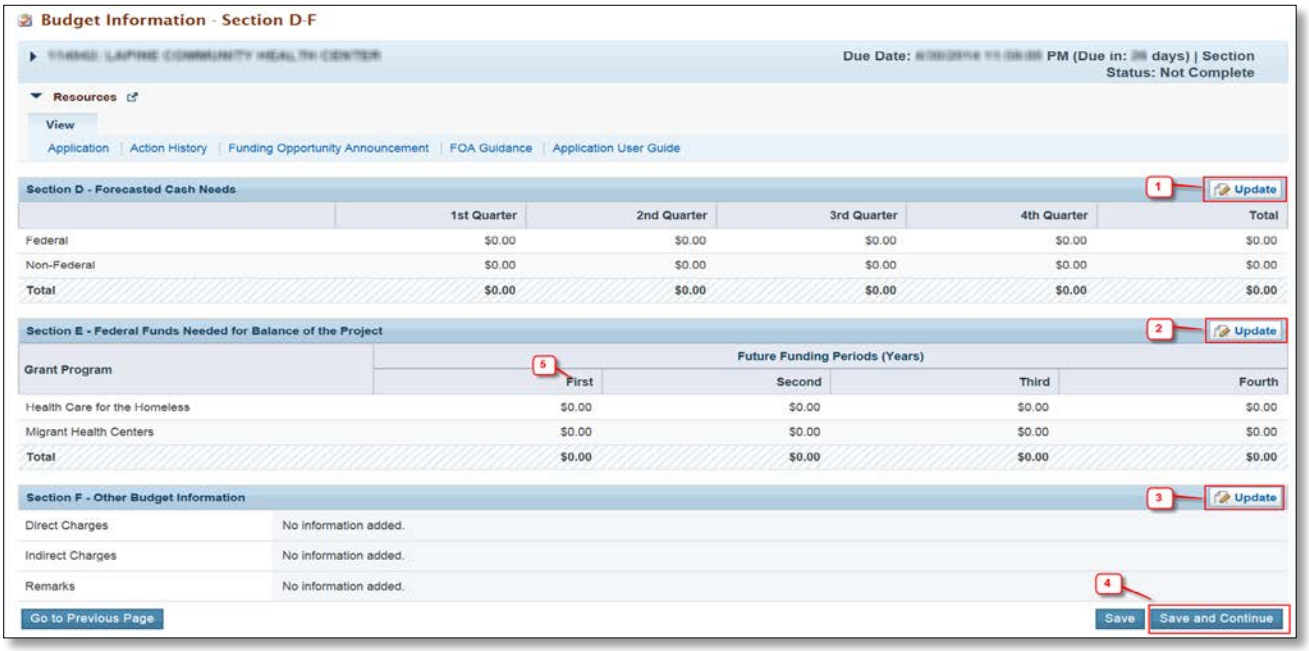
11. Click the Save and Continue button to proceed to the next form (**Figure 14**, **2**).

2.2.2 Budget Information – Section D-F

The **Budget Information – Section D-F** page consists of the following three sections:

- Section D – Forecasted Cash Needs
- Section E – Federal Funds Needed for Balance of the Project
- Section F – Other Budget Information

Figure 15: Budget Information – Section D-F



To complete this form, follow the steps below:

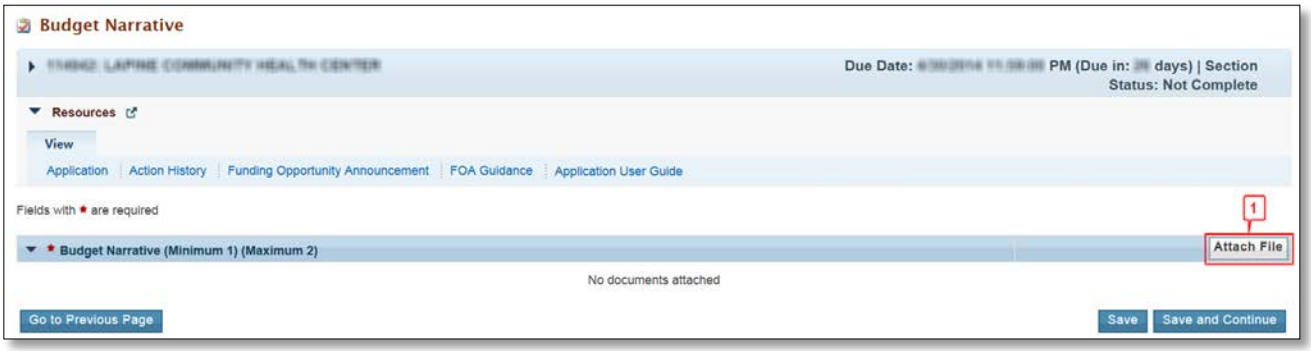
1. Section D – Forecasted Cash Needs is optional and may be left blank. However, you may enter the amount of cash needed by quarter during the first year for both the federal and non-federal request. Click the Update button in the top right corner of Section D to do so (**Figure 15**, **1**).
2. In Section E – Federal Funds Needed for Balance of the Project, click the Update button in the top right corner of Section E to request NAP funding for Budget Year 2 (**Figure 15**, **2**). Enter the NAP funding requested for Year 2 in the "First" column under Future Funding Periods (Years), broken down for each proposed type of Health Center Program funding (CHC, MHC, HCH, and/or PHPC). (**Figure 15**, **5**). The maximum amount that may be requested for Year 2 cannot exceed $650,000. The Second, Third, and Fourth year columns must remain $0.
3. In Section F – Other Budget Information, you may provide information regarding direct and indirect charges (if any). You can also document any relevant comments or remarks in this section. Click the Update button provided in the top right corner of Section F to do so (**Figure 15**, **3**).
4. Finally, click the Save and Continue button on the **Budget Information – Section D-F** to proceed to the next form (**Figure 15**, **4**).

2.2.3 Budget Justification Narrative

Attach a budget justification narrative by clicking the Attach File button (**Figure 16**, **1**). Once completed, click the Save and Continue button to proceed to the next form.

IMPORTANT NOTE: If using Excel or other spreadsheet documents, do not use multiple pages (sheets). Make sure that the information that needs to be viewed is set in the "Print Area" of the document if the Budget Justification Narrative is presented as a spreadsheet.

Figure 16: Budget Justification Narrative



2.3 Completing the Other Information section

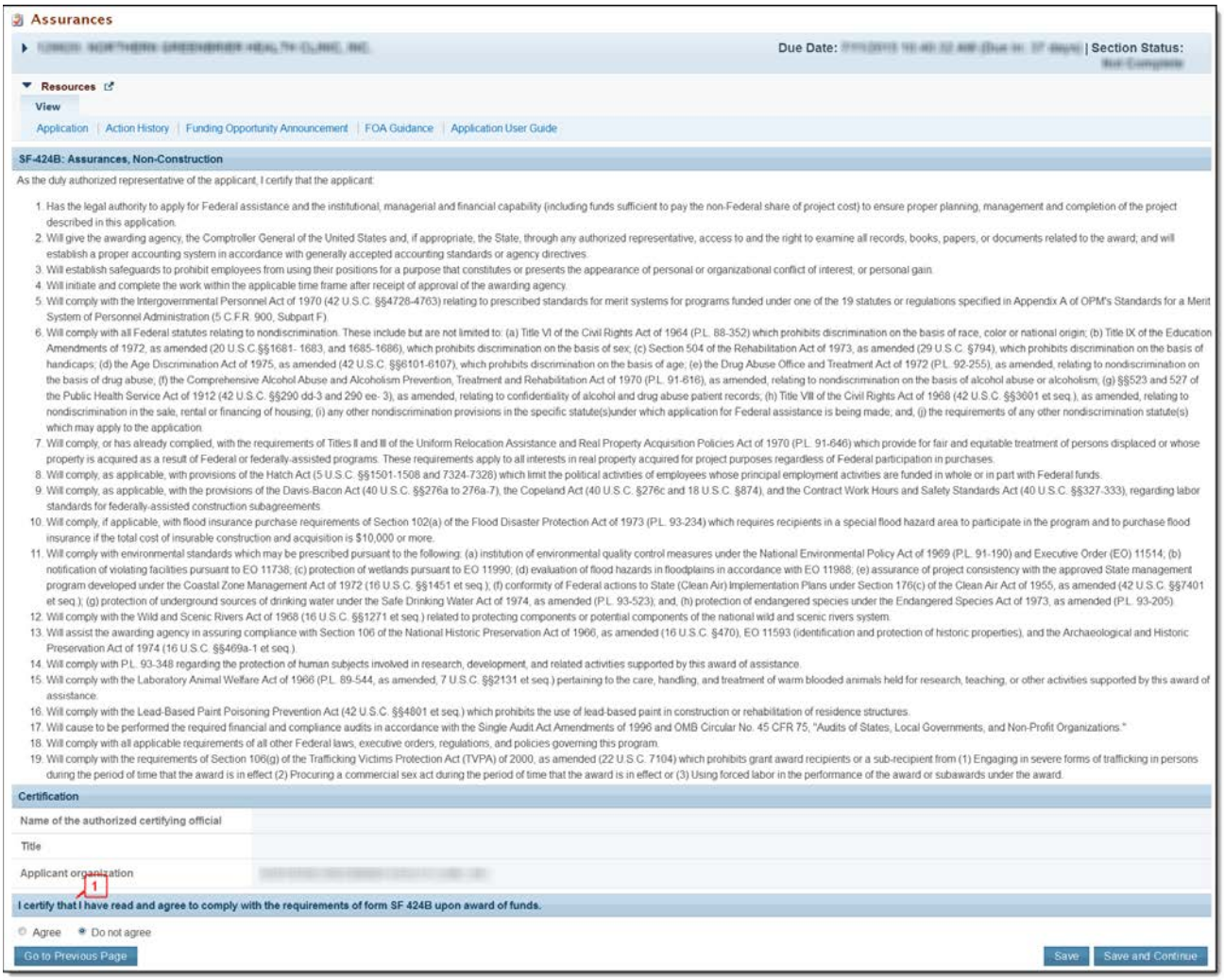
The Other Information section consists of the Assurances, Disclosure of Lobbying Activities, and Appendices forms. You must complete all three forms in order to complete this section.

2.3.1 Completing the Assurances Form

The **Assurances** form verifies that you are aware of and agree to comply with all federal requirements should NAP funds be awarded. To complete this form, you must select 'Agree' on the certification question at the bottom of the form (**Figure 17**, **1**). The name of the Authorizing Official will prepopulate when the

application is submitted. Click on the Save and Continue button to proceed to the **Disclosure of Lobbying Activities** form.

Figure 17: Assurances



2.3.2 Completing the Disclosure of Lobbying Activities Form

Answer the question regarding lobbying activities. If yes, complete all sections of the **Disclosure of Lobbying Activities** form. If no, the remainder of the form is optional. Click the Save and Continue button to proceed to the **Appendices** form.

IMPORTANT NOTE: If you certify that you do NOT currently receive more than $100,000 in federal funds and engage in lobbying activities, you are not required to complete the Disclosure of Lobbying Activities form.

2.3.3 Completing the Appendices Form

To complete the **Appendices** form, upload the following attachments by clicking the associated Attach File buttons:

- Attachment 1: Service Area Map and Table (required)
- Attachment 2: Implementation Plan (required)
- Attachment 3: Applicant Organizational Chart (required)
- Attachment 4: Position Descriptions for Key Management Staff (required)
- Attachment 5: Biographical Sketches for Key Management Staff (required)
- Attachment 6: Co-Applicant Agreement (required for public center applicants that have a co-applicant board)
- Attachment 7: Summary of Contracts and Agreements (as applicable)
- Attachment 8: Independent Financial Audit (required)
- Attachment 9: Articles of Incorporation (required for NEW START APPLICANTS)
- Attachment 10: Letters of Support (required)
- Attachment 11: Sliding Fee Discount Schedule(s) (required)
- Attachment 12: Evidence of Nonprofit or Public Center Status (required for NEW START APPLICANTS)
- Attachment 13: Floor Plans (required)
- Attachment 14: Corporate Bylaws (required)
- Attachment 15: Indirect Cost Rate Agreement & Other Relevant Documents (as applicable)

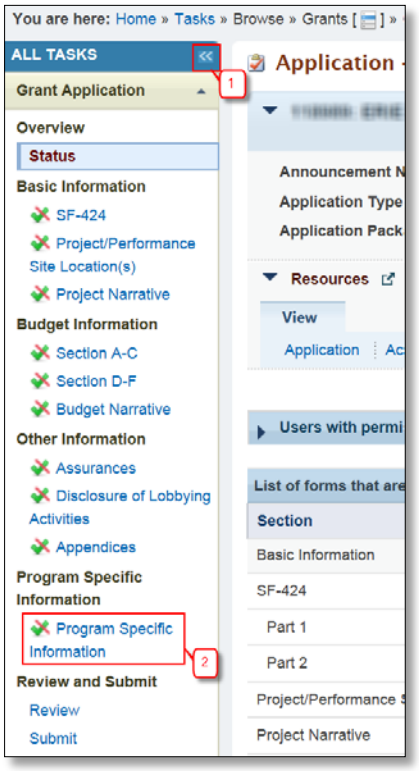
IMPORTANT NOTE: See Section 5.2 of HRSA's SF-424 Two-Tier Application Guide at http://www.hrsa.gov/grants/apply/applicationguide/sf424programspecificappguide.pdf for attachment formatting Guidelines.

After completing the **Appendices** form, click the Save and Continue button to proceed to the **Program Specific Information – Status Overview** page.

3. Completing the Program Specific Forms

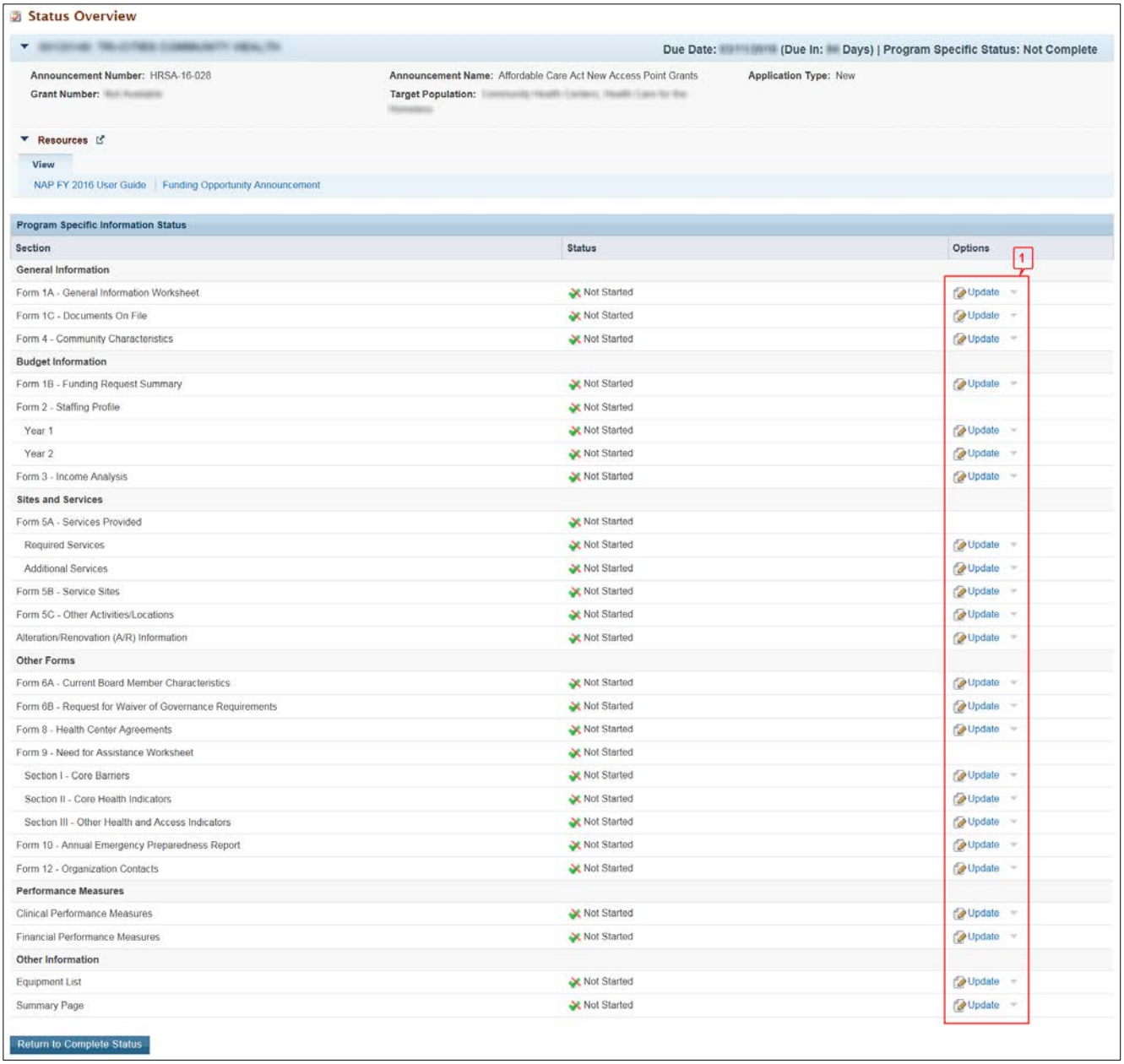
1. Expand the left navigation menu if not already expanded by clicking the double arrows displayed near the form name at the top of the page (**Figure 18**, **1**). Click the **Program Specific Information** link (**Figure 18**, **2**) under the Program Specific Information section in the left menu to open the **Status Overview** page for the Program Specific Information forms (**Figure 19**). Click the **Update** link to edit a form (**Figure 19**, **1**).

Figure 18: Left Navigation Menu



IMPORTANT NOTE: Your session remains active for 30 minutes after your last activity. Save your work every five minutes to avoid losing data.

Figure 19: Status Overview Page for Program Specific Forms

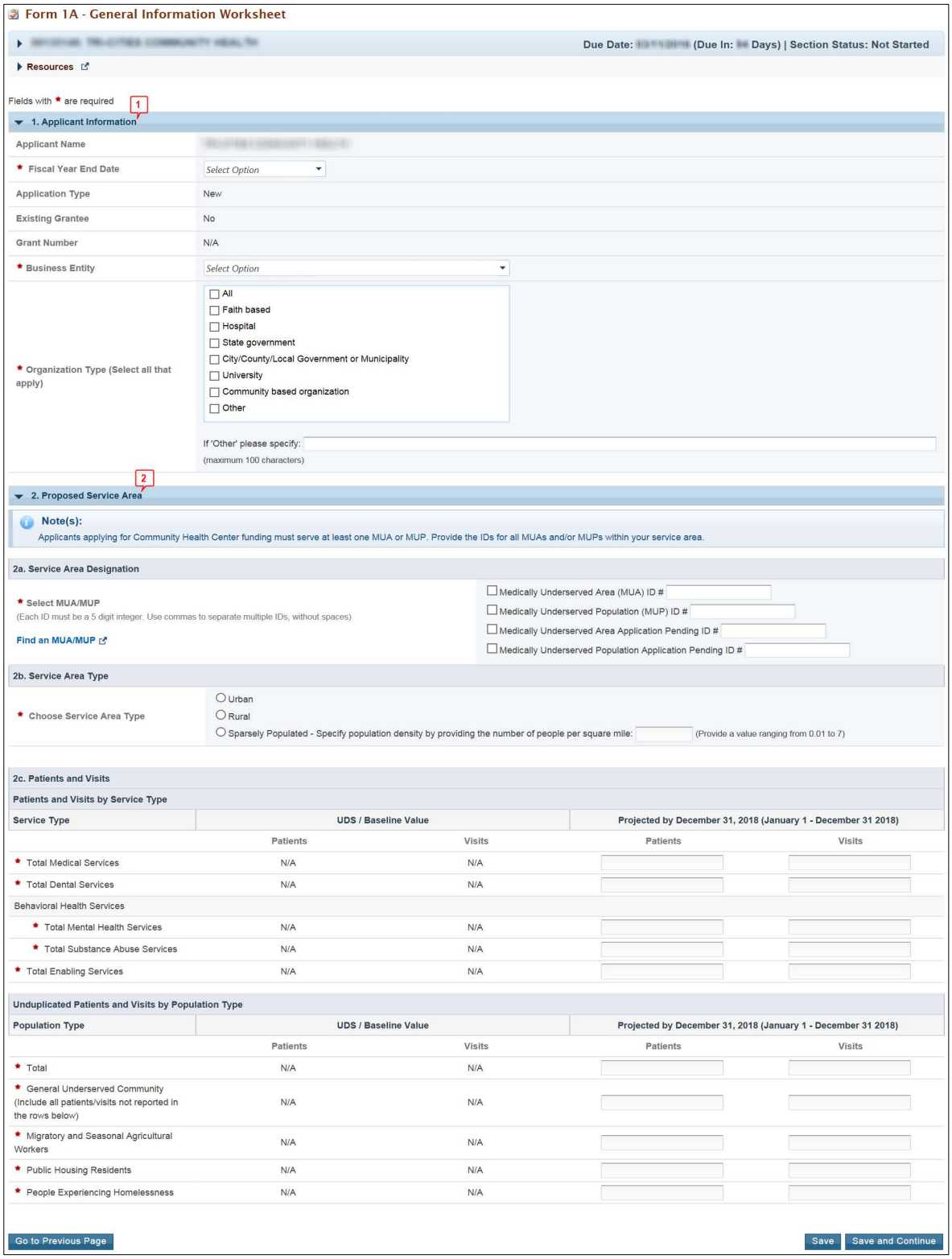


3.1 Form 1A: General Information Worksheet

Form 1A - General Information Worksheet provides a summary of information related to the applicant, proposed service area, population, and patient and visit projections. This form is comprised of the following sections:

- Applicant Information (**Figure 20**, **1**)
- Proposed Service Area (**Figure 20**, **2**)

Figure 20: Form 1A: General Information Worksheet



Form 1A - General Information Worksheet

[redacted] Due Date: [redacted] (Due In: [redacted] Days) | Section Status: Not Started

Resources

Fields with * are required

1

1. Applicant Information

Applicant Name	[redacted]
* Fiscal Year End Date	Select Option
Application Type	New
Existing Grantee	No
Grant Number	N/A
* Business Entity	Select Option
* Organization Type (Select all that apply)	☐ All ☐ Faith based ☐ Hospital ☐ State government ☐ City/County/Local Government or Municipality ☐ University ☐ Community based organization ☐ Other
	If 'Other' please specify: (maximum 100 characters)

2

2. Proposed Service Area

Note(s):
Applicants applying for Community Health Center funding must serve at least one MUA or MUP. Provide the IDs for all MUAs and/or MUPs within your service area.

2a. Service Area Designation

* Select MUA/MUP
(Each ID must be a 5 digit integer. Use commas to separate multiple IDs, without spaces)
Find an MUA/MUP

☐ Medically Underserved Area (MUA) ID #
☐ Medically Underserved Population (MUP) ID #
☐ Medically Underserved Area Application Pending ID #
☐ Medically Underserved Population Application Pending ID #

2b. Service Area Type

* Choose Service Area Type

○ Urban
○ Rural
○ Sparsely Populated - Specify population density by providing the number of people per square mile: (Provide a value ranging from 0.01 to 7)

2c. Patients and Visits

Patients and Visits by Service Type

Service Type	UDS / Baseline Value		Projected by December 31, 2018 (January 1 - December 31 2018)	
	Patients	Visits	Patients	Visits
* Total Medical Services	N/A	N/A		
* Total Dental Services	N/A	N/A		
Behavioral Health Services				
* Total Mental Health Services	N/A	N/A		
* Total Substance Abuse Services	N/A	N/A		
* Total Enabling Services	N/A	N/A		

Unduplicated Patients and Visits by Population Type

Population Type	UDS / Baseline Value		Projected by December 31, 2018 (January 1 - December 31 2018)	
	Patients	Visits	Patients	Visits
* Total	N/A	N/A		
* General Underserved Community (Include all patients/visits not reported in the rows below)	N/A	N/A		
* Migratory and Seasonal Agricultural Workers	N/A	N/A		
* Public Housing Residents	N/A	N/A		
* People Experiencing Homelessness	N/A	N/A		

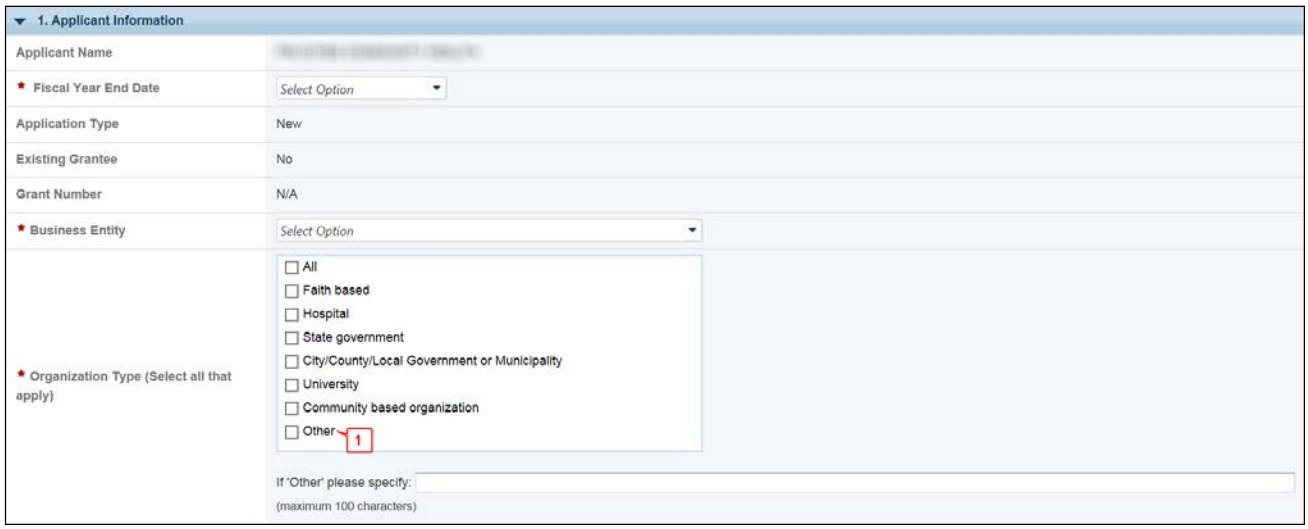
Go to Previous Page | Save | Save and Continue

3.1.1 Completing the Applicant Information Section

The **Applicant Information** section is pre-populated with application and grant-related information, as applicable. Complete this section by providing information in the following required fields (**Figure 21**):

1. In the 'Fiscal Year End Date' field, select month and day of the applicant organization's fiscal year end date (e.g., June 30) to inform HRSA of the expected audit submission timeline in the Federal Audit Clearinghouse (https://harvester.census.gov/facweb/default.aspx).
2. Select one category in the 'Business Entity' field. An applicant that is a Tribal or Urban Indian entity and also meets the definition for a public or private entity should select the Tribal or Urban Indian category.
3. Select one or more categories for the 'Organization Type.' If you choose to select 'Other' as one of the Organization Type values (**Figure 21**, **1**), you must specify the organization type

Figure 21: Applicant Information Section



3.1.2 Completing the Proposed Service Area Section

The Proposed Service Area section is further divided into the following sub-sections:

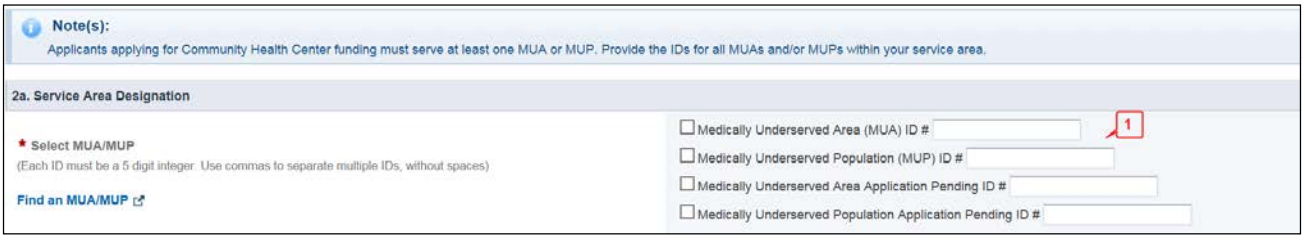
- 2a. Service Area Designation
- 2b. Service Area Type
- 2c. Patients and Visits
  - Patients and Visits by Service Type
  - Unduplicated Patients and Visits by Population Type

3.1.2.1 Service Area Designation

In the **Select MUA/MUP** field (**Figure 22**, **1**), select the options that best describe the designated service area you propose to serve. Enter ID number(s) for the MUA and/or MUP in the proposed service area.

IMPORTANT NOTE: If you are applying for Community Health Centers funding, you must provide an ID number for at least one of the line items listed in this field. Otherwise, providing an MUA or MUP ID number is optional.

Figure 22: Service Area Designation



3.1.2.2 Service Area Type

In the **Service Area Type** section (**Figure 23**), indicate whether the service area is Urban, Rural, or Sparsely Populated. If Sparsely Populated is selected, specify the population density by providing the number of people per square mile (values must range from 0.01 to 7).

IMPORTANT NOTE: A Sparsely Populated area is defined as a geographical area with seven or fewer people per square mile for the entire service area. For information about rural populations, visit the Office of Rural Health Policy's website (http://www.hrsa.gov/ruralhealth/policy/definition_of_rural.html).

Figure 23: Service Area Type Section

3.1.2.3 Patients and Visits

To complete this section, follow the steps below:

1. In the **Patients and Visits by Service Type** section, provide the annual number of patients and visits that you project to serve by December 31, 2018 for each applicable service type (**Figure 24**, **1**). Projected by December 31, 2018 values (Figure 24, 1) must include the number of patients that are anticipated to receive services from January 1, 2018 – December 31, 2018 as a direct result of this NAP funding. An individual who receives multiple types of services should be counted once for each service type (e.g., once for medical and once for dental).

Figure 24: Patients and Visits by Service Type

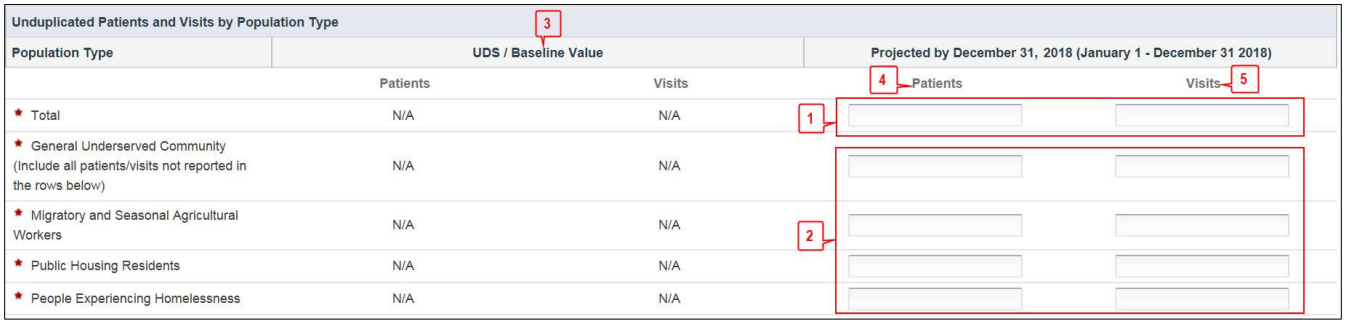
IMPORTANT NOTES:

- The UDS/Baseline Value numbers are not applicable (**Figure 24**, **2**).
- The 'Total Medical Services' (**Figure 24**, **5**) patient and visit projections (**Figure 24**, **1**) must be greater than zero.
- For the 'Total Medical Services' service type (**Figure 24**, **5**), the number of Patients must be greater than the number of Patients you provide for each of the 'Total Dental', 'Total Mental Health', 'Total Substance Abuse Services', and 'Total Enabling Services' service types.
- The number of projected visits (**Figure 24**, **4**) must be greater than or equal to the number of projected patients (**Figure 24**, **3**).
- The Patients and Visits by Service Type section does not have a row for total numbers, since an individual patient may be included in multiple service type categories.

2. In the **Unduplicated Patients and Visits by Population Type** section, provide the total number of patients and visits projected to be served from January 1, 2018 to December 31, 2018 in the **Population Type** 'Total' row (**Figure 25**, **1**). The system will validate the total number when you click the Save or Save and Continue button.

3. Provide the number of patients and visits that you project to serve by December 31, 2018 for each listed population type (**Figure 25**, **2**). Within each population type, an individual can only be counted once as a patient.

Figure 25: Unduplicated Patients and Visits by Population Type



IMPORTANT NOTES:

- The UDS/Baseline Value numbers are not applicable (**Figure 25**, **3**).
- Projected values should include ONLY the number of new patients who are projected to receive services as a result of NAP funding from January 1, 2018 – December 31, 2018. Patient projections from this section will be added to the applicant's overall Patient Target, if funded.

- For the population types corresponding to the sub programs selected in Section A – Budget Summary form of this application, the number of patients in the Projected by December 31, 2018 column (**Figure 25, 4**) must be greater than zero. For the remaining population types, zeroes are acceptable if there are no projected numbers.

- The number of projected visits (**Figure 25, 5**) must be greater than or equal to the number of projected patients (**Figure 25, 4**).

- The 'General Underserved Community' row must include all patients and visits not captured in the special populations rows.

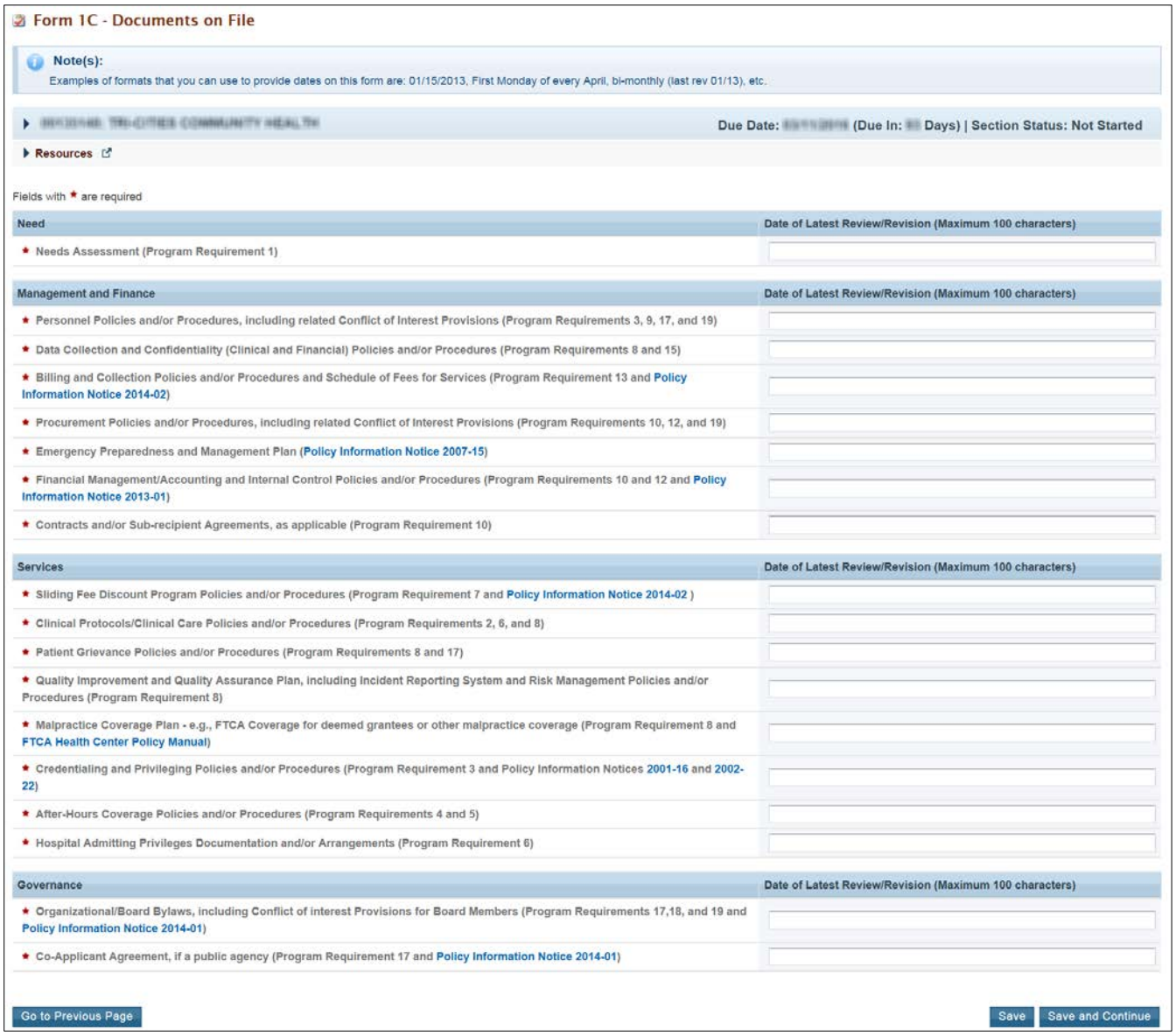
4. After completing all sections of **Form 1A**, click the Save and Continue button to save your work and proceed to the next form.

3.2 Form 1C: Documents on File

Form 1C - Documents on File displays a list of documents to be maintained by your organization. You are required to provide the date on which each document was last reviewed or revised.

1. To complete **Form 1C**, enter the review/revision dates for each document listed on this form (Figure 26).

Figure 26: Form 1C: Documents on File



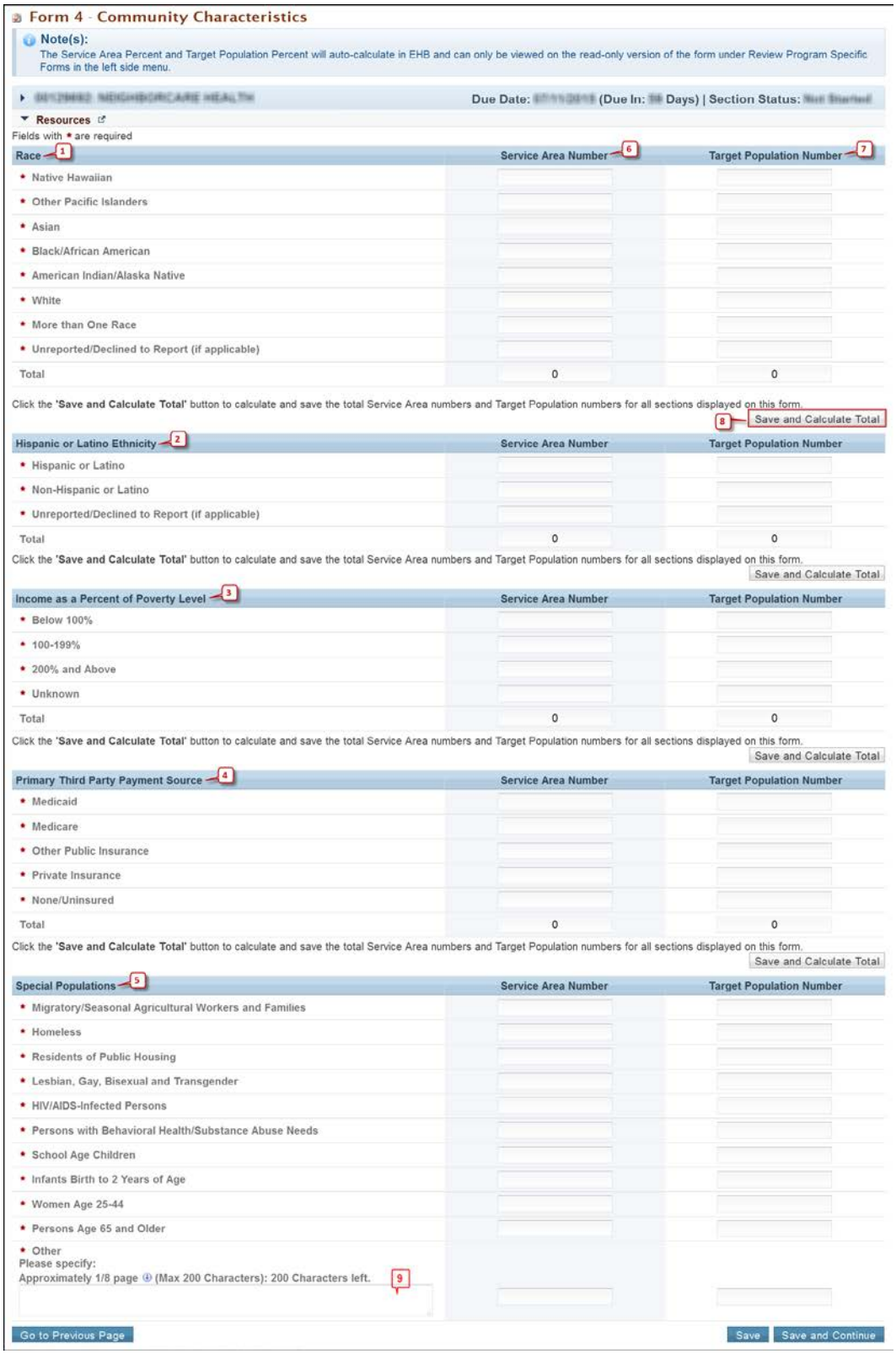
IMPORTANT NOTE: Examples of formats to provide dates on this form are: 01/15/2013, First Monday of every April, bi-monthly (last rev 01/13).

2. After completing all sections of **Form 1C**, click the Save and Continue button to save your work and proceed to the next form.

3.3 Form 4: Community Characteristics

Form 4: Community Characteristics reports current service area and target population data for the entire scope of the project (i.e. all NAP sites). "Service Area Number" refers to the entire population in the proposed service area.

Figure 27: Form 4: Community Characteristics



To complete **Form 4**, follow the steps below:

1. Enter the Service Area Number (**Figure 27**, **6**) and corresponding Target Population Number (**Figure 27**, **7**) for each of the following categories.
    a. **Race (Figure 27, 1)**
    b. **Hispanic or Latino Ethnicity** (**Figure 27**, **2**)
    c. **Income as a Percent of Poverty Level** (**Figure 27**, **3**)
    d. **Primary Third Party Payment Source** (**Figure 27**, **4**)

IMPORTANT NOTES:

- Information provided regarding race and/or ethnicity will be used only to ensure compliance with statutory and regulatory Governing Board requirements. Data on race and/or ethnicity collected on this form will not be used as an awarding factor.
- When entering data, the total Service Area Numbers and the total Target Population Numbers of the Race, Hispanic or Latino Ethnicity, Income as a Percent of Poverty Level, and Primary Third Party Payment Source sections should be equal.

2. In order to automatically calculate the Total Service Area Numbers and Total Target Population Numbers for all four sections, click on the Save and Calculate Total button (**Figure 27**, **8**) under any of the sections.
3. Under the **Special Populations** section (**Figure 27**, **5**), enter the Service Area Number and the corresponding Target Population Number to each population group listed. Individuals may be counted in multiple special population groups, so the numbers in this section do not have to match those in the other sections of this form.

IMPORTANT NOTES:

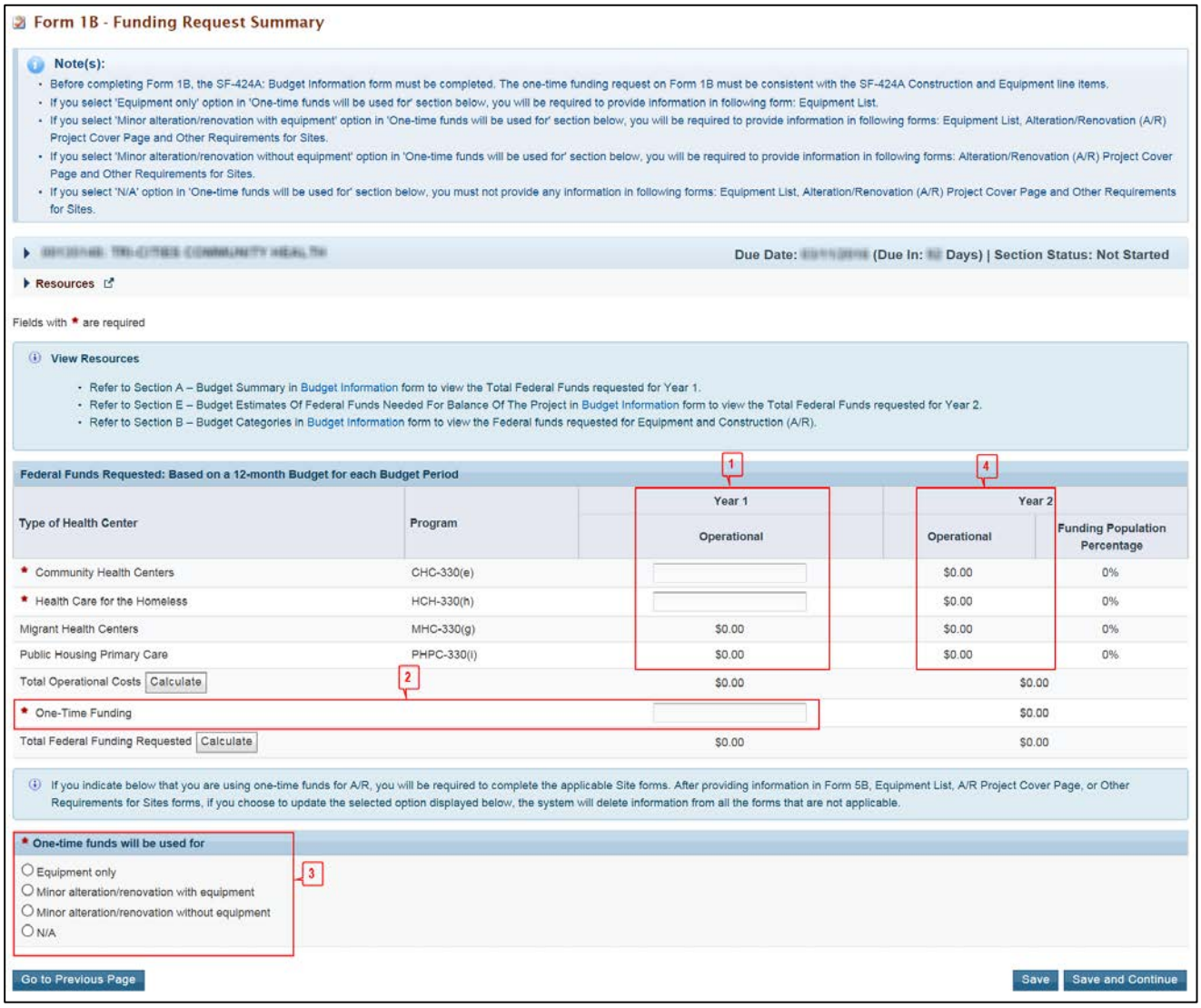
- If you select the sub programs related to special populations (i.e. MHC, HCH and/or PHPC) in the Budget Information – Section A–C form of this application, you must provide a value greater than zero (0) for the Service Area Number and Target Population Number for the corresponding 'Migratory/Seasonal Agricultural Workers and Families,' 'Homeless,' and 'Residents of Public Housing' line item(s).
- In the 'Other' row (**Figure 27**, **9**), applicants may specify a special population group that is not listed if desired, and then enter the Service Area Number and the corresponding Target Population Number for the specified special population group.
- The applicant can view the population percentages in the Review – Program Specific Forms section prior to submitting the application.

4. After completing all the sections on **Form 4**, click the Save and Continue button to save your work and proceed to the next form.

3.4 Form 1B: Funding Request Summary

In **Form 1B: Funding Request Summary**, you are required to distribute the **Total Federal Funds** that you requested for Year 1 among the grant program functions/sub-programs.

Figure 28: Form 1B: Funding Request Summary



1. For each sub-program you are proposing to serve, enter **Operational Funds** (**Figure 28**, **1**) for Year 1**.**
2. Enter an amount for **One-Time Funding** for Year 1 (**Figure 28**, **2**), if appropriate.

IMPORTANT NOTES:

- Before completing this form, the SF-424A: Budget Information forms must be completed. You must request Operational Funds that are greater than $0 for every sub-program you selected in the Section A – Budget Summary form in the standard section of this NAP application.

- You may request One-Time Funding for Year 1 of up to $150,000. If requested, the One-Time Funding amount must match the sum of the 'Equipment' and 'Construction' rows in the Section B – Budget Categories form in the standard section of this NAP application.
- The combined total of the Operational Funds and the One-Time Funding for Year 1 must not exceed the NAP maximum funding amount of $650,000.
- The combined total of the Operational Funds and the One-Time Funding for Year 1 must be equal to the Total Federal funds requested in the Section A – Budget Summary form in the standard section of this NAP application.

3. If you entered an amount for **One-Time Funding**, click the **One-time funds will be used for:** radio button (**Figure 28**, **3**) that describes how you will use the funds (Equipment only, Minor alteration or renovation with equipment, or Minor alteration or renovation without equipment). You should select the "N/A" radio button if you are not requesting **One-Time Funding**.

IMPORTANT NOTES:

- If you indicated that you will use the One-Time Funding for 'Equipment only' purpose, you must provide the necessary information in the Equipment List form of this application.
- If you indicated that you will use the One-Time Funding for 'Minor alteration/renovation with equipment' purpose, you must provide the necessary information in the Alteration/Renovation (A/R) Information and Equipment List forms of this application.
- If you indicated that you will use the One-Time Funding for 'Minor alteration/renovation without equipment' purpose, you must provide the necessary information in the Alteration/Renovation (A/R) Information form that includes the **A/R Project Cover page** and **Other Requirements for Sites** forms of this application.
- If you indicated that you are not requesting One-Time Funding by selecting the 'N/A' option, you will NOT be able to provide any information in the Alteration/Renovation (A/R) Information and Equipment List forms.
- If you update the radio button selection in **One-time funds will be used for:** section at any time and save the new selection, the system will delete the information provided by you in all forms that no longer apply based on the new selection.

4. Year 2 **Operational Funds** in **Form 1B** will be pre-populated with the federal funds requested for the first future funding year in the Section E - Budget Estimates of Federal Funds Needed for Balance of the Project form in the standard section of this NAP application (**Figure 28**, **4**).

IMPORTANT NOTES:

- In **Form 1B**, you will not be able to edit the information pre-populated from the standard section of the NAP application. If you need to edit this information, navigate to the SF-424A: Budget Information section of this application.
- Operational Funds requested for Year 2 for every sub-program you selected in the standard section of the application must be greater than $0.
- Total Operational Funds requested for Year 2 should not exceed the yearly NAP maximum funding amount of $650,000.
- You cannot request One-Time Funding for Year 2.

5. Click the Save and Continue button at the bottom of the screen, to save your work and proceed to the next form.

3.5 Form 2: Staffing Profile

Form 2: Staffing Profile reports the personnel supported by the total budget for the proposed project. For each budget period (Year 1 and Year 2), the form has the following sections:

- Staffing Positions by Major Service Category sections
  - Administration/Management (**Figure 29**, **1**)
  - Facility and Non-Clinical Support Staff (**Figure 29**, **2**)
  - Physicians (**Figure 29**, **3**)
  - NP, PA, and CNMs (**Figure 29**, **4**)
  - Medical (**Figure 29**, **5**)
  - Dental Services (**Figure 29**, **6**)
  - Behavioral Health (Mental Health and Substance Abuse) (**Figure 30**, **7**)
  - Professional Services (**Figure 30**, **8**)
  - Vision Services (**Figure 30**, **9**)
  - Pharmacy Personnel (**Figure 30**, **10**)
  - Enabling Services (**Figure 30**, **11**)
  - Other Programs and Services (**Figure 30**, **12**)
- Total FTEs (**Figure 30**, **13**)

Figure 29: Form 2- Staffing Profile

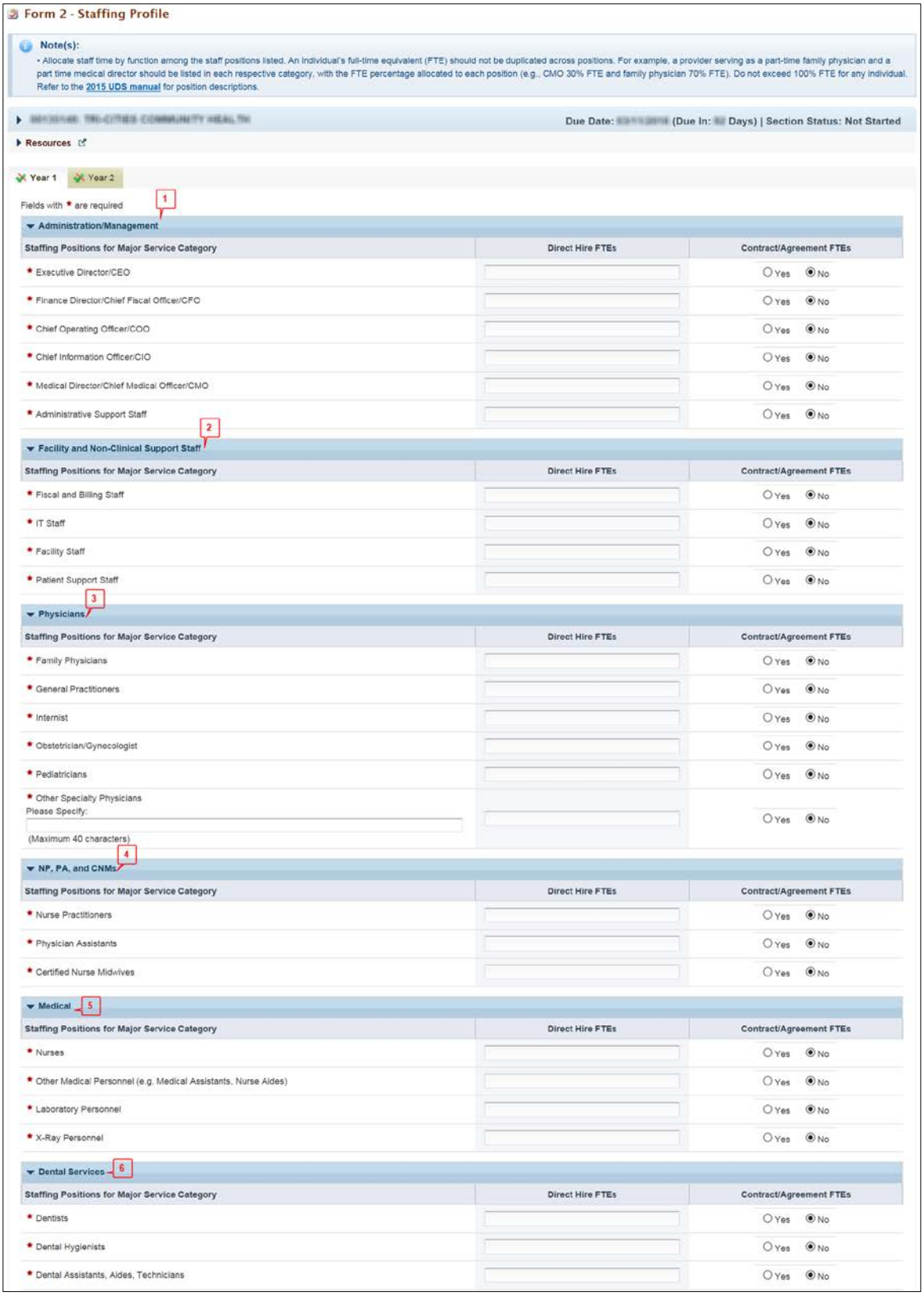


Figure 30: Form 2- Staffing Profile continued…

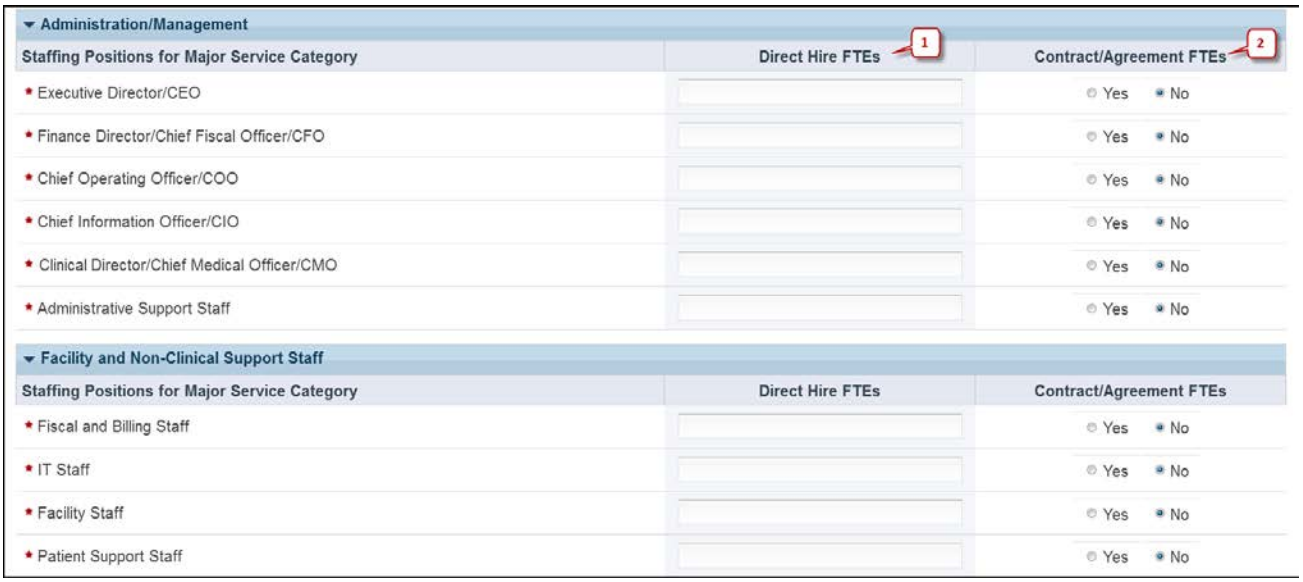
3.5.1 Completing the Staffing Positions by Major Service Category related sections

1. In the Direct Hire FTEs column, provide only the number of Full Time Employees (FTEs) directly hired by the health center for each staffing position. Enter zero (0) if not applicable (**Figure 31**, **1**).
2. In the Contract/Agreement FTEs column, indicate whether contracts are used for specific provider categories. (**Figure 31**, **2**).
3. If both direct hire staff and contracts are used, provide the number of Direct Hire FTEs only and check Yes in the Contract/Agreement FTEs column.

IMPORTANT NOTES:

- Allocate staff time in the Direct Hire FTE column by function among the staff positions listed. An individual's FTE should not be duplicated across positions. For example, a provider serving as a part-time family physician and a part-time Clinical Director should be listed in each respective category with the FTE percentage allocated to each position (e.g., CMO 0.3 FTE and family physician 0.7 FTE). Do not exceed 1.0 FTE for any individual.
- For position descriptions, refer to the UDS Reporting Manual (http://bphc.hrsa.gov/datareporting/reporting/2015udsmanual.pdf).
- Record volunteers in the Direct Hire FTEs column.

Figure 31: Direct Hire and Contract/Agreement FTEs columns

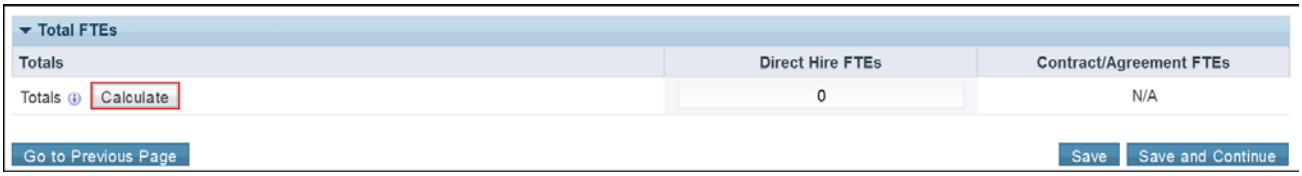


3.5.2 Completing the Total FTEs section

This row displays the sum of 'Direct Hire FTEs' for the Staffing Positions by Major Service Categories.

1. To calculate the totals, click on the Calculate button (**Figure 32**).

Figure 32: Total FTEs



2. Click the Save and Continue button to save your work and proceed to **Form 2: Staffing Profile** for Year 2.

3.5.3 Completing Year 2 of Form 2: Staffing Profile

To complete Year 2 of the **Form 2: Staffing Profile**, repeat the steps above from sections 3.5.1 and 3.5.2 in the same manner as Year 1. When finished, click the Save and Continue button to save your work and proceed to the next form.

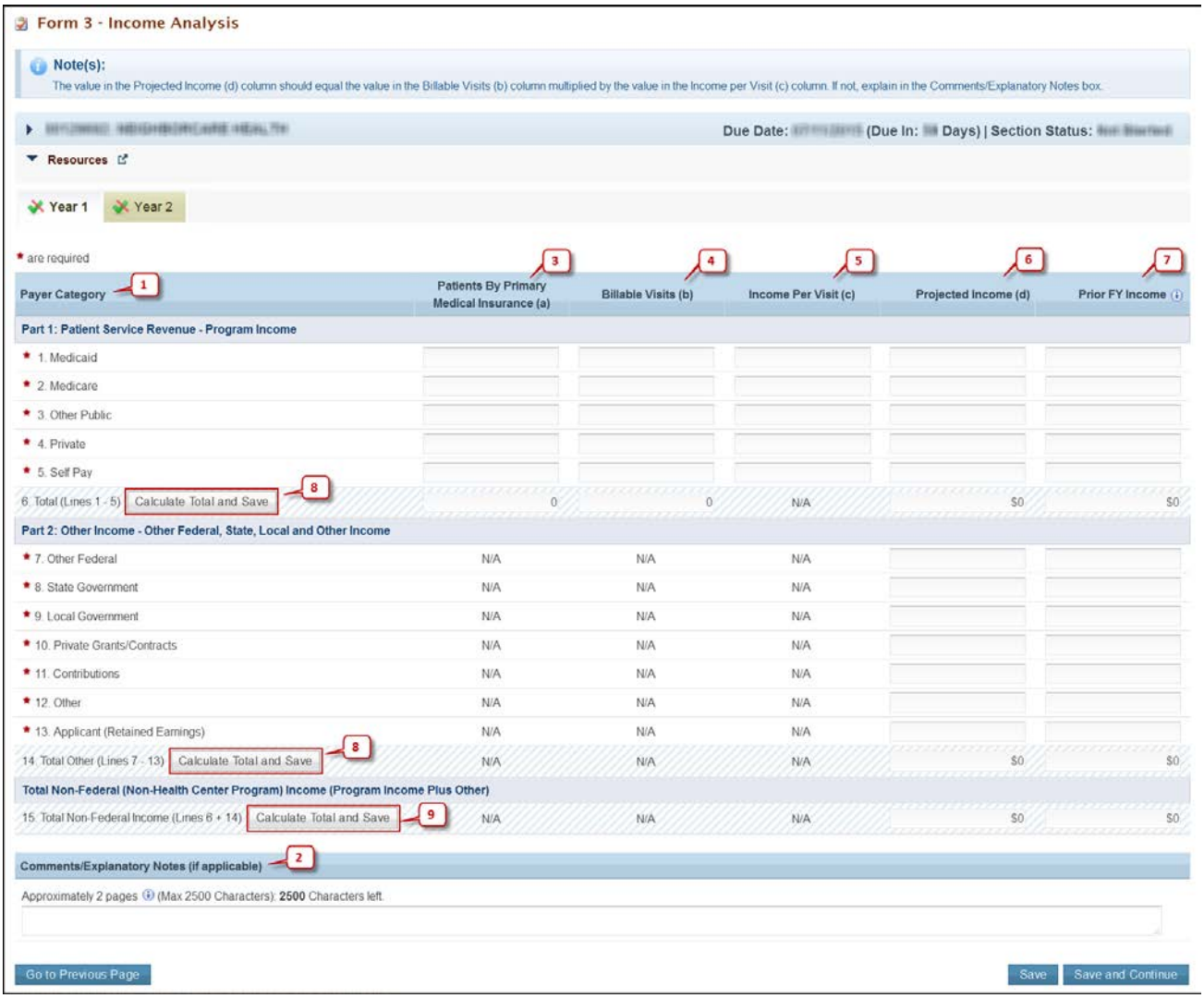
IMPORTANT NOTE: **Form 2: Staffing Profile** will be complete only when the status for both Year 1 and Year 2 sections are complete. The completed status of each of these sections is indicated with a green check mark (icon) in the section tabs.

3.6 Form 3: Income Analysis

Form 3: Income Analysis projects program income, by source, for the proposed project. For each budget period (Year 1 and Year 2), the form has the following sections:

- Payer Category (**Figure 33**, **1**)
- Comments/Explanatory Notes (**Figure 33**, **2**)

Figure 33: Form 3: Income Analysis



3.6.1 Completing the Payer Category section

The Payer Category section is further divided into the following sub-sections:

- Part 1: Patient Service Revenue - Program Income
- Part 2: Other Income - Other Federal, State, Local and Other Income
- Total Non-Federal (Non-Health Center Program) Income (Program Income Plus Other)

To complete the **Payer Category** section, follow the steps below:

1. In column (a), project the number of Patients by Primary Medical Insurance for each Payer Category in Part 1. Enter 0 if not applicable (**Figure 33**, **3**).

2. In column (b), project the number of Billable Visits for each Payer Category in Part 1. Billable Visits should be greater than or equal to the number of Patients by Primary Medical Insurance in column (a). Enter zero (0) if not applicable (**Figure 33**, **4**).
3. In column (c), provide the amount of Income per Visit for each Payer Category in Part 1. Enter zero (0) if not applicable. (**Figure 33**, **5**).
4. In column (d), calculate the amount of Projected Income for each Payer Category in Parts 1 and 2. Enter zero (0) if not applicable (**Figure 33**, **6**).
5. In column (e), provide the amount of Prior FY Income for each Payer Category in Parts 1 and 2. Enter zero (0) if not applicable (**Figure 33**, **7**).
6. Click the Calculate Total and Save button to calculate and save the values for each Payer Category in Parts 1 and 2. (**Figure 33**, **8**).

IMPORTANT NOTES:

- The value in the Projected Income (d) column should equal the value in the Billable Visits (b) column multiplied by the value in the Income per Visit (c) column. If these values are not equal, provide an explanation in the Comments/Explanatory Notes box.
- The Patients By Primary Medical Insurance (a), Billable Visits (b) and Income Per Visit (c) columns in Part 2 are disabled and set to 'N/A'.

7. Click the Calculate Total and Save button in the **Total Non-Federal (Non-Health Center Program) Income (Program Income plus Other)** section to calculate and save Total Non-Federal Income. (**Figure 33**, **9**).

3.6.2 Completing the Comments/Explanatory Notes section

In this section, enter any comments/explanations related to this form.

1. As applicable, provide an explanation for each Payer Category for which Projected Income (d) is not equal to the value obtained by multiplying Billable Visits (b) with Income per Visit (c).
2. Note significant exclusions and/or additions to the Billable Visits data in the comments box.
3. Click Save and Continue to save your work and proceed to **Form 3: Income Analysis** for Year 2.

3.6.3 Completing Year 2 of Form 3: Income Analysis

To complete Year 2 of the **Form 3: Income Analysis**, repeat the steps above from sections 3.6.1 and 3.6.2 in the same manner as Year 1. When finished, click the Save and Continue button to save your work and proceed to the next form.

IMPORTANT NOTES:

- Information provided for Year 1 will not be carried over to Year 2. Consider printing information you provide for Year 1 as reference to provide information for Year 2.

- **Form 3: Income Analysis** will be complete only when the status for both Year 1 and Year 2 sections are complete. The completed status of each of these sections is indicated with a green check mark (icon) in the section tabs.

3.7 Form 5A: Services Provided

Form 5A – Services Provided identifies the services to be provided, and how they will be provided by the applicant organization. HRSA permits organizations to provide required services directly, by contracting with another provider, or by referral to another provider. These modes of service provision differ according to the service provider and the payment source (**Table 1**). See the Form 5A Column Descriptors at http://bphc.hrsa.gov/programrequirements/scope.html for descriptions and requirements for using each of the three service delivery modes.

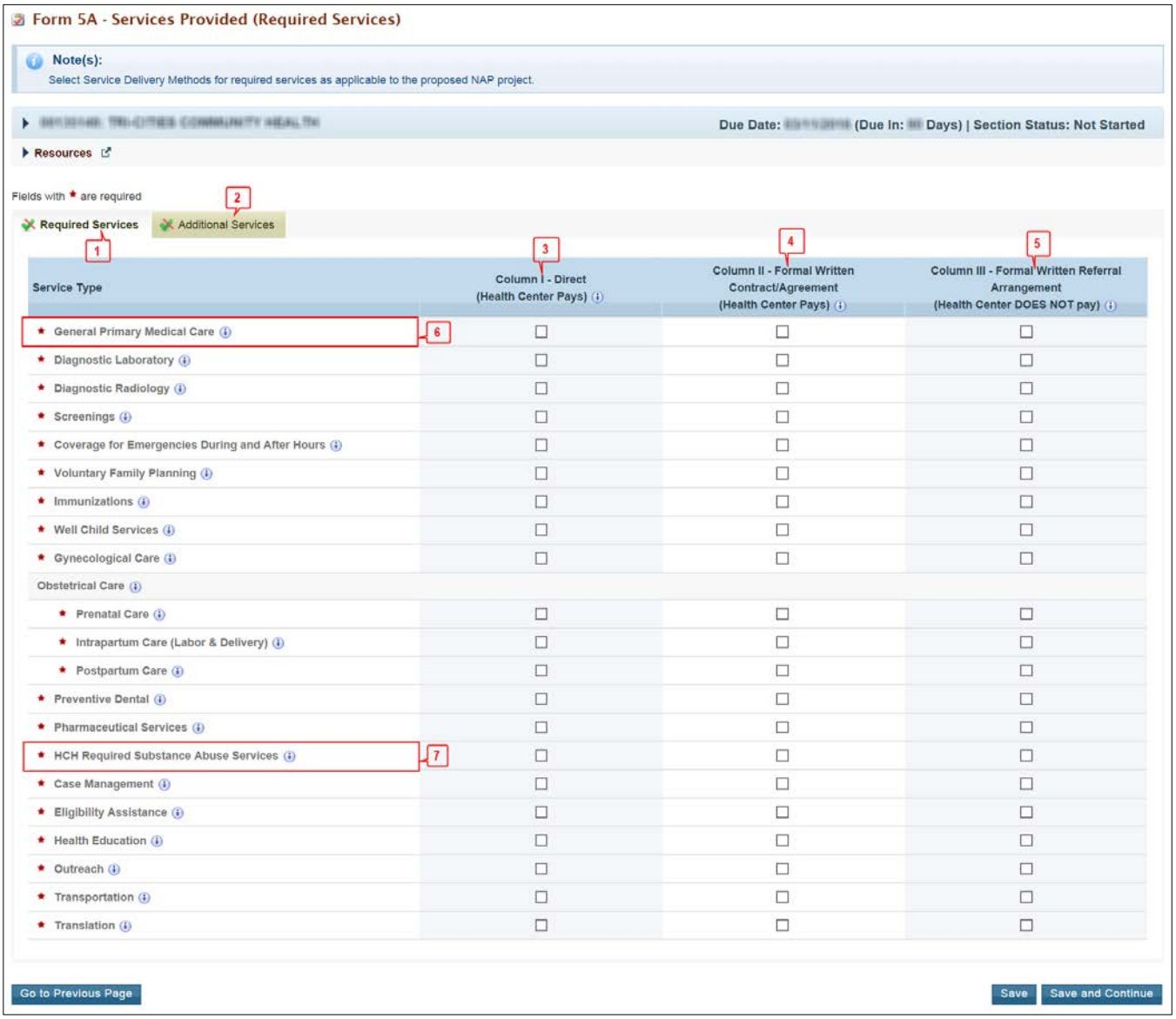
Table 1: Modes of Service Provision

Mode of Service Provision	Your Organization Provides the Service	Your Organization Pays for the Service
1. Column I - Direct (**Figure 34**, **3**)	Yes	Yes
2. Column II - Formal Written Contract/Agreement (**Figure 34**, **4**)	No	Yes
3. Column III - Formal Written Referral Arrangement (**Figure 34**, **5**)	No	No

Form 5A – Services Provided has the following two sections:

- Required Services (**Figure 34**, **1**)
- Additional Services (**Figure 34**, **2**)

Figure 34: Form 5A – Services Provided (Required Services)



3.7.1 Completing the Required Services Section

To complete this section of **Form 5A**, follow the instructions below:

1. Check one or more boxes to indicate the service delivery mode(s) for each of the required services as applicable to the proposed NAP project (**Figure 34**, **3-5**). See the Form 5A Service Descriptors at http://bphc.hrsa.gov/programrequirements/scope.html for descriptions of the general elements for all services.

2. Click the Save and Continue button to navigate to the **Additional Services** section OR click the Save button on the **Required Services** Section and select the **Additional Services** tab (**Figure 34**, **2**).

IMPORTANT NOTES:

- You must select Column I and /or Column II for the 'General Primary Medical Care' (**Figure 34, 6**) service row for your application to be eligible for funding.
- If you are applying to receive "Health Care for the Homeless" (HCH) sub program funding, as noted in the Budget Information: Section A - Budget Summary section of this application, you must have Column I and/or Column II selected for the 'HCH Required Substance Abuse Services' service row (**Figure 34, 7**) in the Required services section for your application to be eligible for funding. If you are not requesting HCH sub program funding, this row will be disabled in your application.

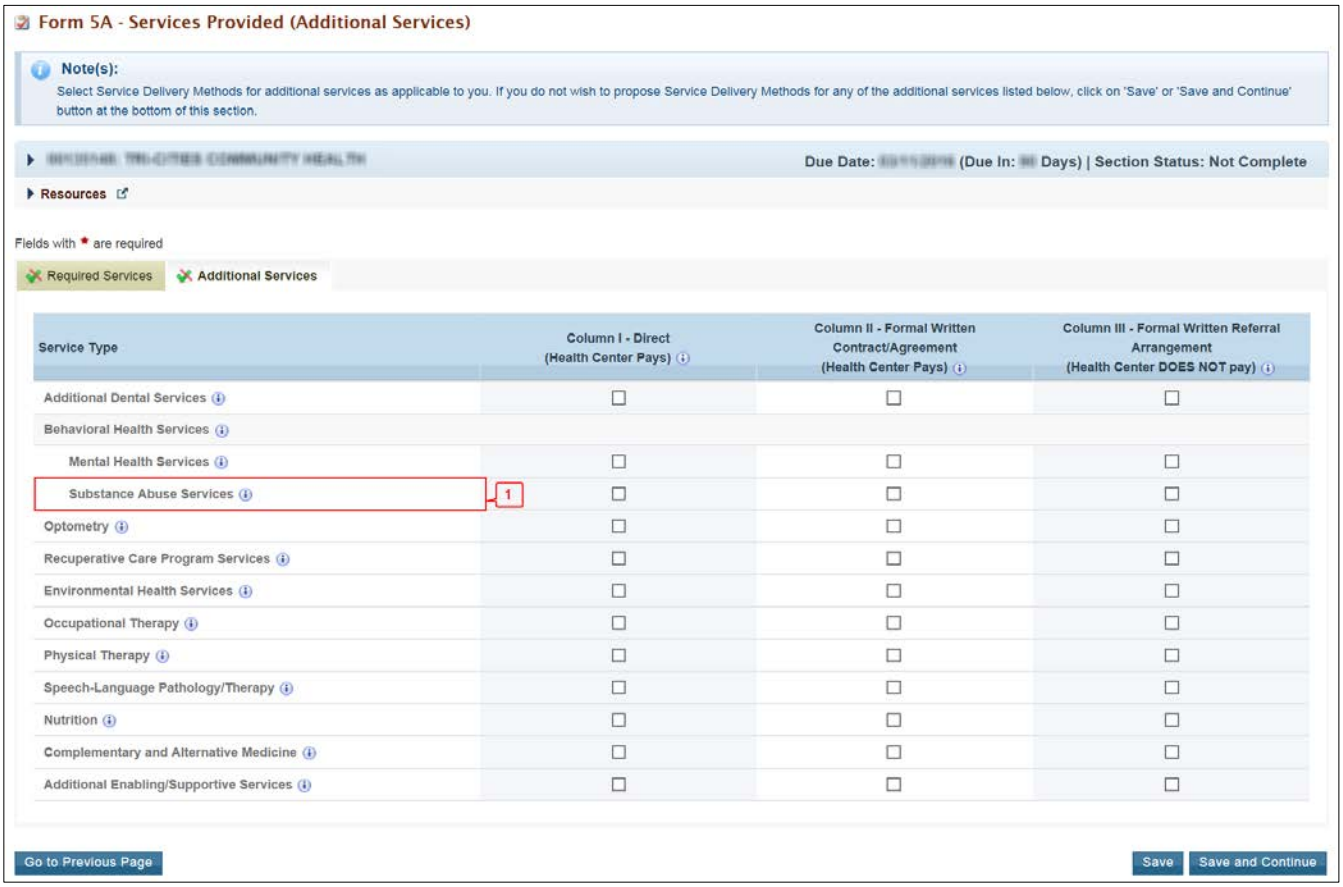
3.7.2 Completing the Additional Services Section

The Additional Services section of **Form 5A** is optional. You are not required to identify modes of provision for any additional services listed in this section. However, if additional services will be provided through the proposed NAP project, follow the instructions below to complete this section of **Form 5A**:

1. Check one or more boxes to indicate the service delivery mode(s) for additional services as applicable to the proposed NAP project (**Figure 34**).

IMPORTANT NOTE: If you are not applying to receive HCH sub program funding, as noted in the Budget Information: Section A - Budget Summary section of this application, you will not be able to select 'HCH Required Substance Abuse Services' in the Required Services section. However, you may select 'Substance Abuse Services' in the Additional Services section (**Figure 35**, **1**).

Figure 35: Form 5A – Services Provided (Additional Services)



2. After completing all the sections on **Form 5A**, click the Save and Continue button to save your work and proceed to the next form.

3.8 Form 5B: Service Sites

Form 5B: Service Sites identifies the sites where you will provide services and/or perform administrative tasks for the NAP project.

You will be able to propose the following types of sites in this form:

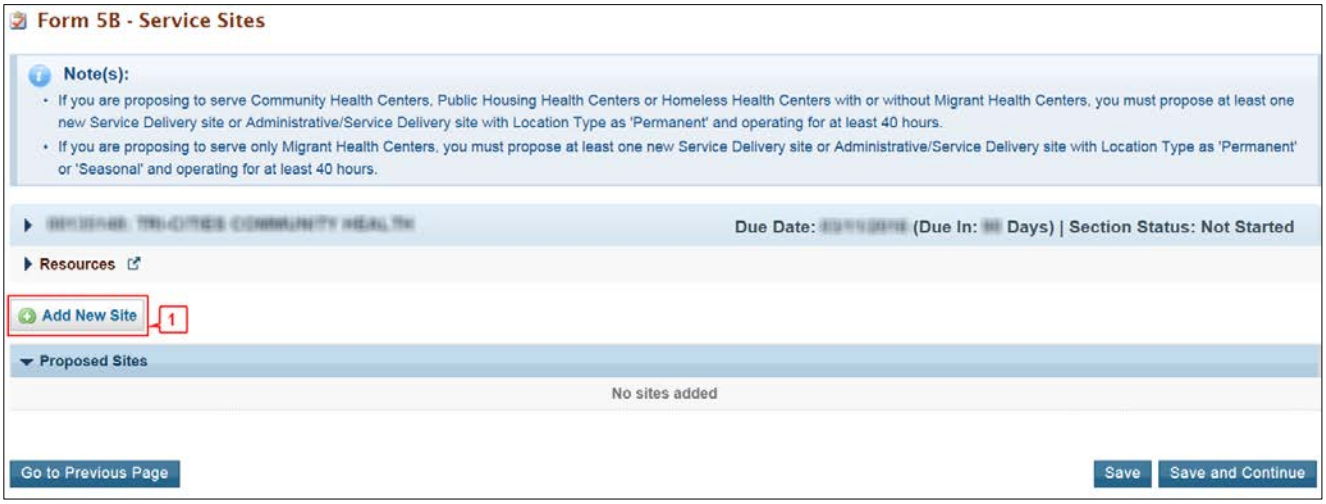
- Service Delivery Site
- Administrative/Service Delivery Site
- Admin-only Site

IMPORTANT NOTE: You are required to propose at least one 'Service Delivery' or 'Administrative/Service Delivery' site in the NAP application.

To propose a new site, follow the steps below:

1. Click the Add New Site button (**Figure 36**) provided above the **Proposed Sites** section.

Figure 36: Add New Site Button



➢ The system navigates to the **Service Site Checklist** page.

2. Answer the questions displayed on the **Service Site Checklist** page.

IMPORTANT NOTES:

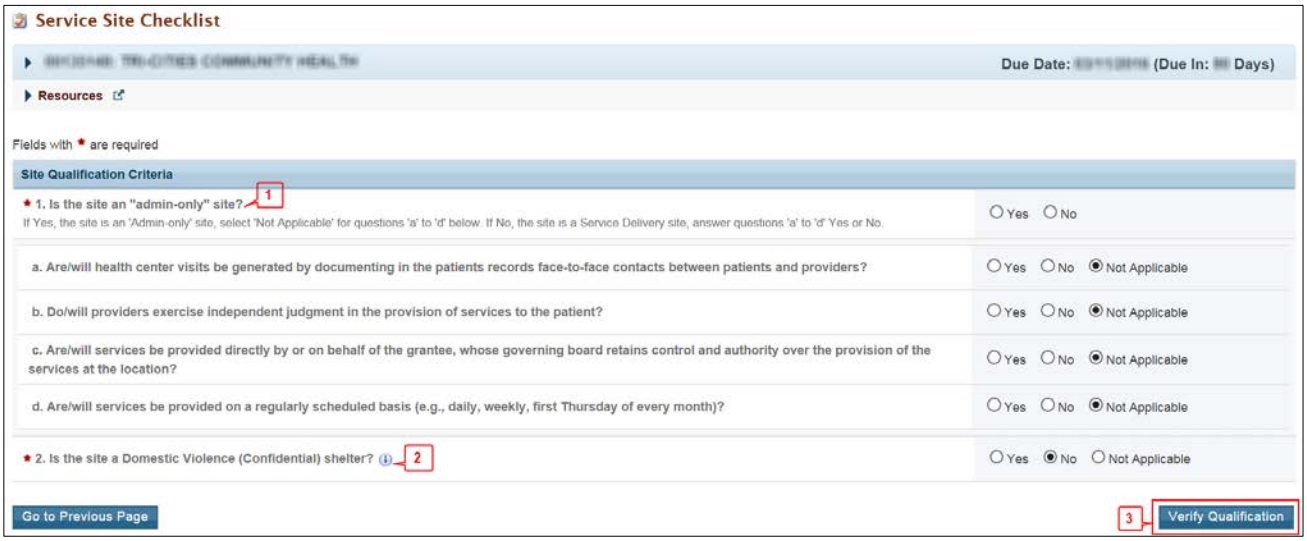
- If the answer to question 1 is 'No' (**Figure 37, 1**), i.e. if the site being added is not an 'Admin-only' site,

> To qualify as a service site, select 'Yes' for questions 'a' through 'd', AND

> Indicate if the site being added is a domestic violence site by answering 'Yes' or 'No' to question 2 (**Figure 37, 2**). Domestic Violence site is a confidential site serving victims of domestic violence and the site address cannot be published due to the necessity to protect the location of the domestic violence shelter.

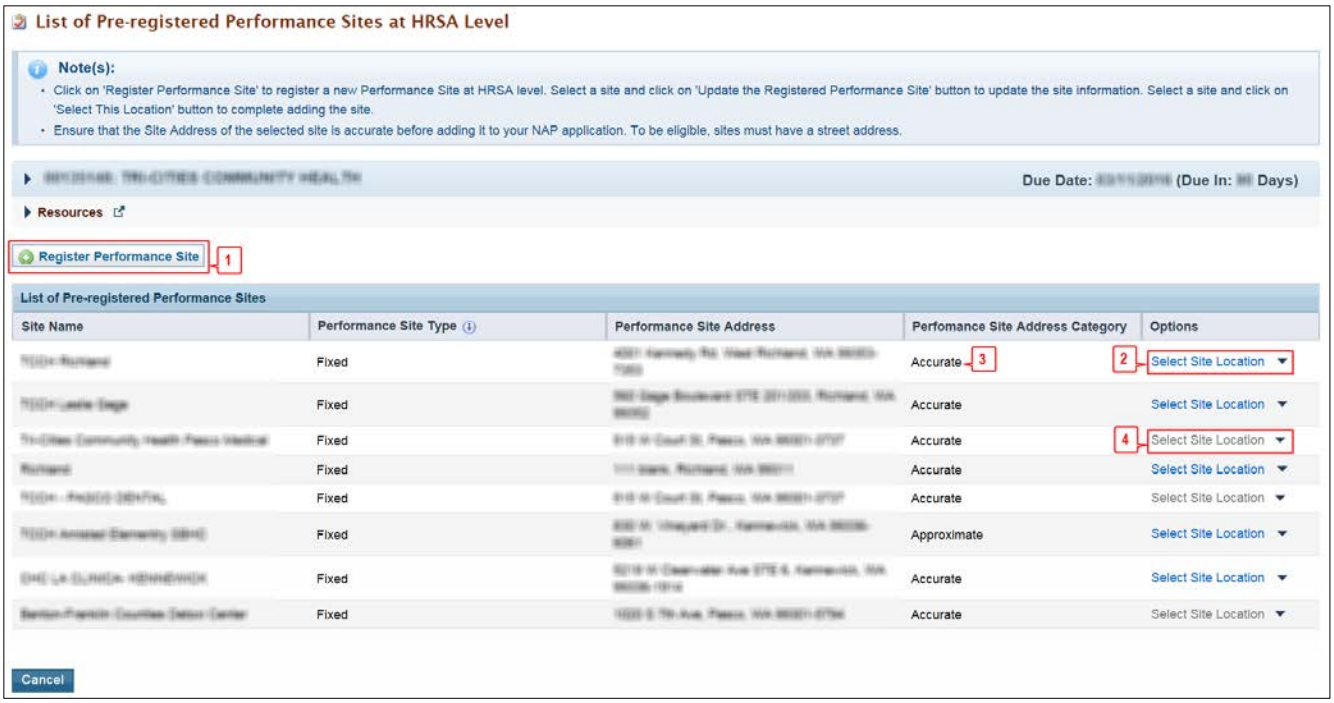
- If the answer to question 1 is 'Yes' (**Figure 37, 1**), i.e. if the site being added is an 'Admin-only' site, questions the remaining questions are not applicable.

Figure 37: Service Site Checklist page



3. Click the Verify Qualification button (**Figure 37**, **3**).
    - The system navigates to the **List of Pre-registered Performance Sites at HRSA Level** page displaying all the sites that are registered by your organization within EHB.
4. To use a new location for the site you are proposing in **Form 5B**, click the Register Performance Site button (**Figure 38**, **1**) and register your site using the Enterprise Site Repository (ESR) system by following the steps below:
    - On the Basic Information – Enter page, provide a site name and select a site type from the following options: Fixed or Mobile. Click the Next Step button.
    - On the Address – Enter page, enter the physical address of the site. The NAP funding opportunity requires you to provide a verifiable physical street address when registering a new site for your application. Click the Next Step button.
    - On the Register – Confirm page, the system displays physical address you entered on the Address – Enter page along with the standardized format of the address. Select the option you want and click the Confirm button.
    - On the Register – Result page, click the Finish button to finally register the site to your organization.

Figure 38: List of Pre-registered Performance Sites at HRSA Level page



5. Select a site for the NAP from the list of pre-registered performance sites and click its **Select Site Location** link (**Figure 38**, **2**). Standardized addresses will be listed as "Accurate" (**Figure 38**, **3**). If the address is "Approximate," ensure that the site address entered is a verifiable physical street address.

IMPORTANT NOTE: The system disables the **Select Site Location** link (**Figure 38**, **4**) for the sites under any of the categories mentioned below. You will not be able to select such a site location:

- If the site is already included in the current application.
- If the site is already in your Health Center Program scope or in another award recipient's Health Center Program scope with active or pending verification status.
- If the site is a Mobile site and applicant is trying to propose an "Admin-only" site.
- If the site is a confidential site and the applicant is trying to propose a non-confidential/non-domestic violence site.
- If the site is a non-confidential site and the applicant is trying to propose a confidential/domestic violence site.

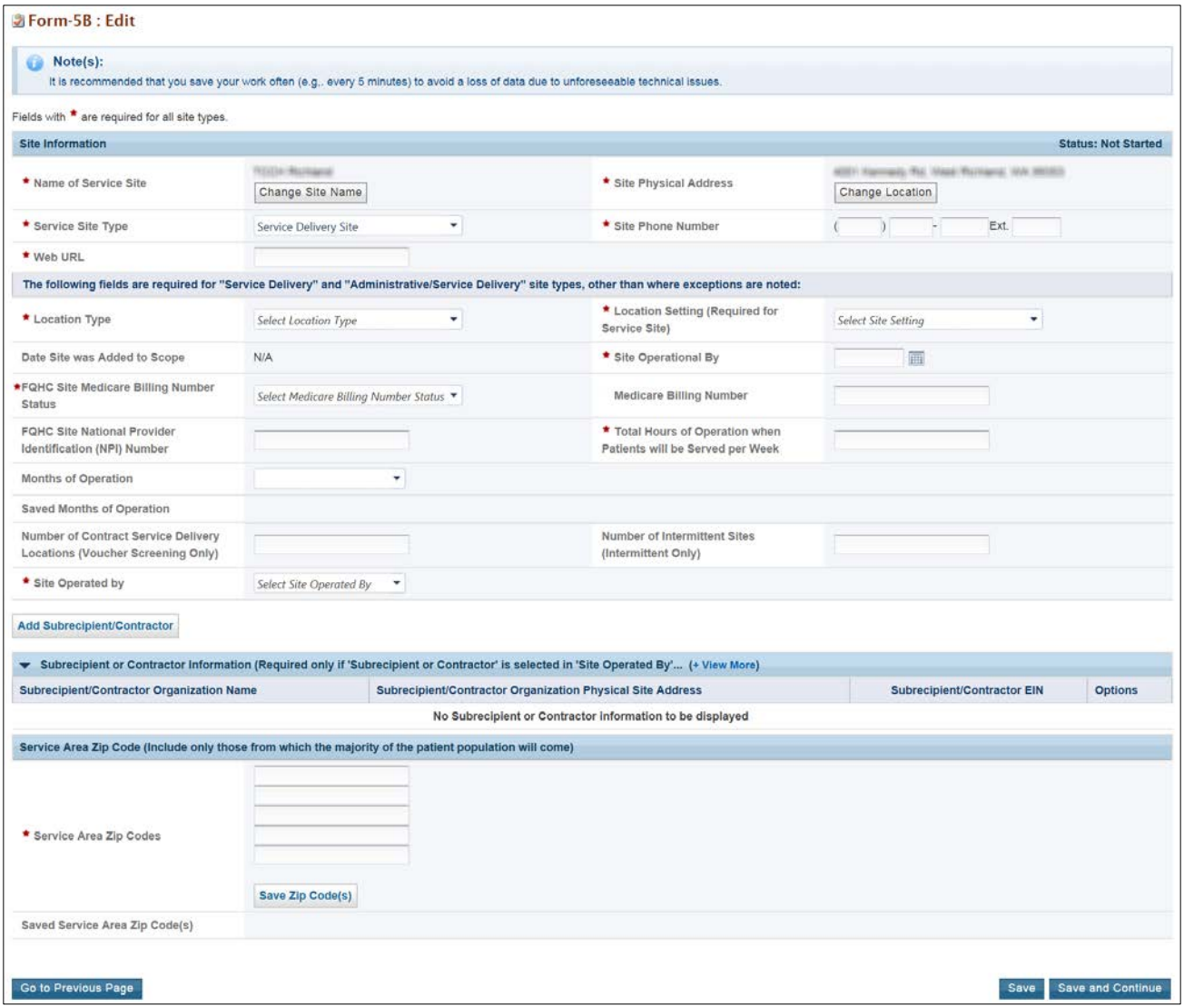
In any of these cases, the system provides you the reasons for which the site is disabled when you hover over the **Select Site Location** link (**Figure 38**, **4**).

6. If you wish to update the name of any site on the list of pre-registered performance sites, click the **Update the Registered Performance Site** link (**Figure 39**) and update the site name.

Figure 39: Update the Registered Performance Site link

7. When you click the **Select Site Location** link of a site, the system navigates to the **Form 5B: Edit** page where you must provide all the required information for the site (**Figure 40**). Fields marked with an asterisk (*) are required.

Figure 40: Form 5B: Edit page



IMPORTANT NOTES:

- If you are proposing to serve Community Health Center, Public Housing Primary Care, and/or Health Care for the Homeless (with or without Migrant Health Center), you must propose at least one Service Delivery site or Administrative/Service Delivery that has a Location Type as 'Permanent', and that is operating for at least 40 hours a week.
- If you are proposing to serve only Migrant Health Centers (based on the sub program you selected in the Section A – Budget Summary form), you must propose at least one Service Delivery site or Administrative/Service Delivery site that has a Location Type as "Permanent" or "Seasonal," and that is operating for at least 40 hours a week.

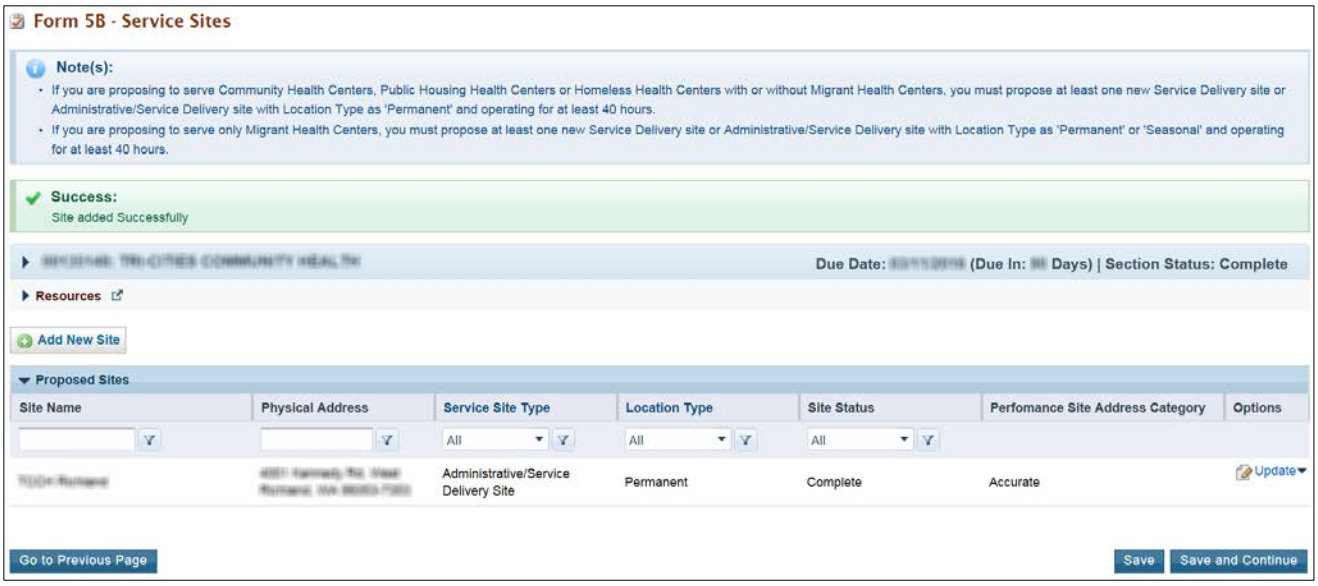
8. For Service Delivery sites, complete the form by following the steps below:

- The name, address, and service site type populate from the list of pre-registered performance sites.
- Select a Location Setting (i.e., all other clinic types, hospital, or school) and Location Type (i.e., permanent, seasonal, or mobile van).
- Enter the date that the site will be or became operational. The date must be no more than 120 days after the project start date.
- Select the Medicare billing status and enter Medicare billing number, if applicable. Enter 'N/A' if you do not have a billing number.
- Enter the total hours of operation per week for the site
- Select whether the site is operated by the health center/applicant, contractor, or subrecipient.
- If the site is operated by a contractor or subrecipient, you must enter information about the operating organization.
- Enter the zip codes for the NAP service area. After each five zip codes entered, click Save Zip Codes, to save and add more, if applicable.

IMPORTANT NOTE: You must add the zip code included in the physical address of the site in the Service Area Zip Codes field of **Form 5B: Edit** page.

9. After providing the complete information on **Form 5B – Edit** page, click the **Save and Continue** button.
   - **Form 5B – Service Sites** list page opens with the newly added site displayed in the **Proposed Site** section (**Figure 41**).

Figure 41: Newly added site displayed under Proposed Sites section



10. To add additional sites, follow the steps 1-9 above. Once you have completed all the sections of **Form 5B**, click the Save and Continue button to save your work and proceed to the next form.

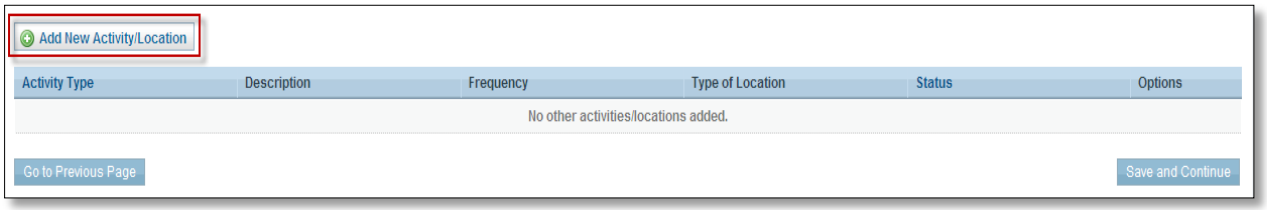
3.9 Form 5C: Other Activities/Locations

IMPORTANT NOTE: This is an optional form. If you do not want to propose any other activities or locations in your application, you can click on the Save and Continue button provided at the bottom of the form to complete it.

Form 5C – Other Activities/Locations identifies other activities or locations associated with your NAP project. To add new activities or locations, follow the steps below:

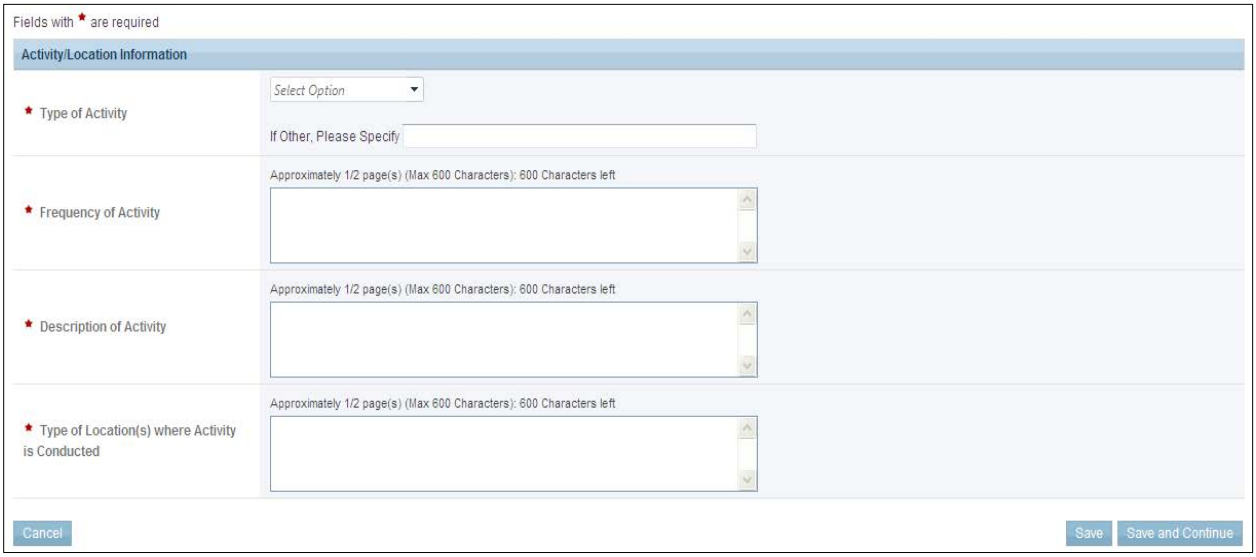
1. Click the Add New Activity/Location button provided at the top of the form (**Figure 42**).

Figure 42: Add New Activity/Location button



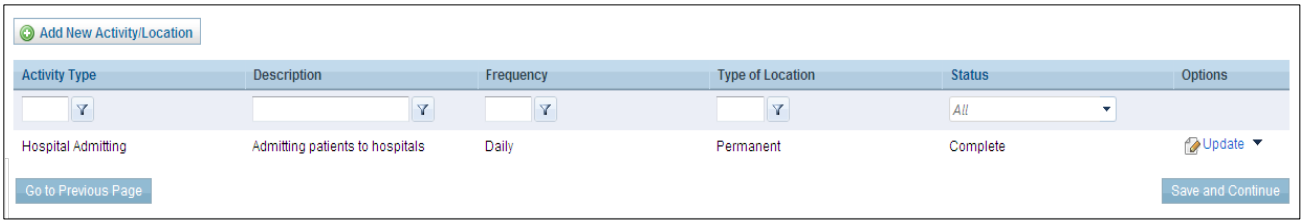
- The system navigates to the **Activity/Location - Add** page (**Figure 43**).

Figure 43: Activity/Location – Add page



2. Provide information in all the fields on this page and click the Save and Continue button.
   - The system navigates to the **Form 5C** list page displaying the newly added activity on the form (**Figure 44**). Once the activity is added, it can be updated or deleted as needed.

Figure 44: Activity/Location added



3. After completing **Form 5C**, click the Save and Continue button to save your work and proceed to the next form.

3.10 Alteration/Renovation (A/R) Information

IMPORTANT NOTES:

- If you requested One-Time Funding for Year 1 in Form 1B: Funding Request Summary and indicated that you will be using these funds for minor alteration and renovation (with or without equipment), you will be required to complete the Alteration/Renovation (A/R) Information form, consisting of the Alteration/Renovation (A/R) Project Cover Page and Other Requirements for Sites sections for at least one service site proposed in Form 5B of this NAP application.

- You must propose at least one 'Service Delivery' or 'Administrative/Service Delivery' site in Form 5B: Service Sites form of this application in order to complete the A/R Information form.
- If you did not request One-Time Funding for alteration and renovation in Form 1B: Funding Request Summary, this form will not apply to you (**Figure 45**). If the form is not applicable to you, click the Continue button to proceed to the next form.

Figure 45: A/R Information Page – "Not Applicable" Message

When the **Alteration/Renovation (A/R) Information** form is applicable to you, the system populates all the 'Service Delivery' and 'Administrative/Service Delivery' sites you proposed in the Form 5B – Service Sites form of this NAP application (**Figure 46**, **1**). Any 'Administrative-only' sites proposed in Form 5B: Service Sites will *not* be listed on the A/R Information page because you cannot use one-time funds to perform alteration or renovation of an 'Administrative-only' site. Follow the steps below to complete this form:

Figure 46: A/R Information Page when Applicable

1. Answer whether you are requesting federal one-time funding for minor alteration/renovation at each site by clicking "Yes" or "No" (**Figure 46**, **2**).
2. For each site for which you clicked "Yes", click the Update button (**Figure 46**, **3**) to update the Alteration/Renovation (A/R) Project Cover Page and Other Requirements for Sites (**Figure 47**).

IMPORTANT NOTES:

- If you requested One-Time Funding for Year 1 in Form 1B: Funding Request Summary and indicated that you will be using these funds for minor alteration and renovation, you must answer 'Yes' for the one-time funding question for at least one site listed on this form.

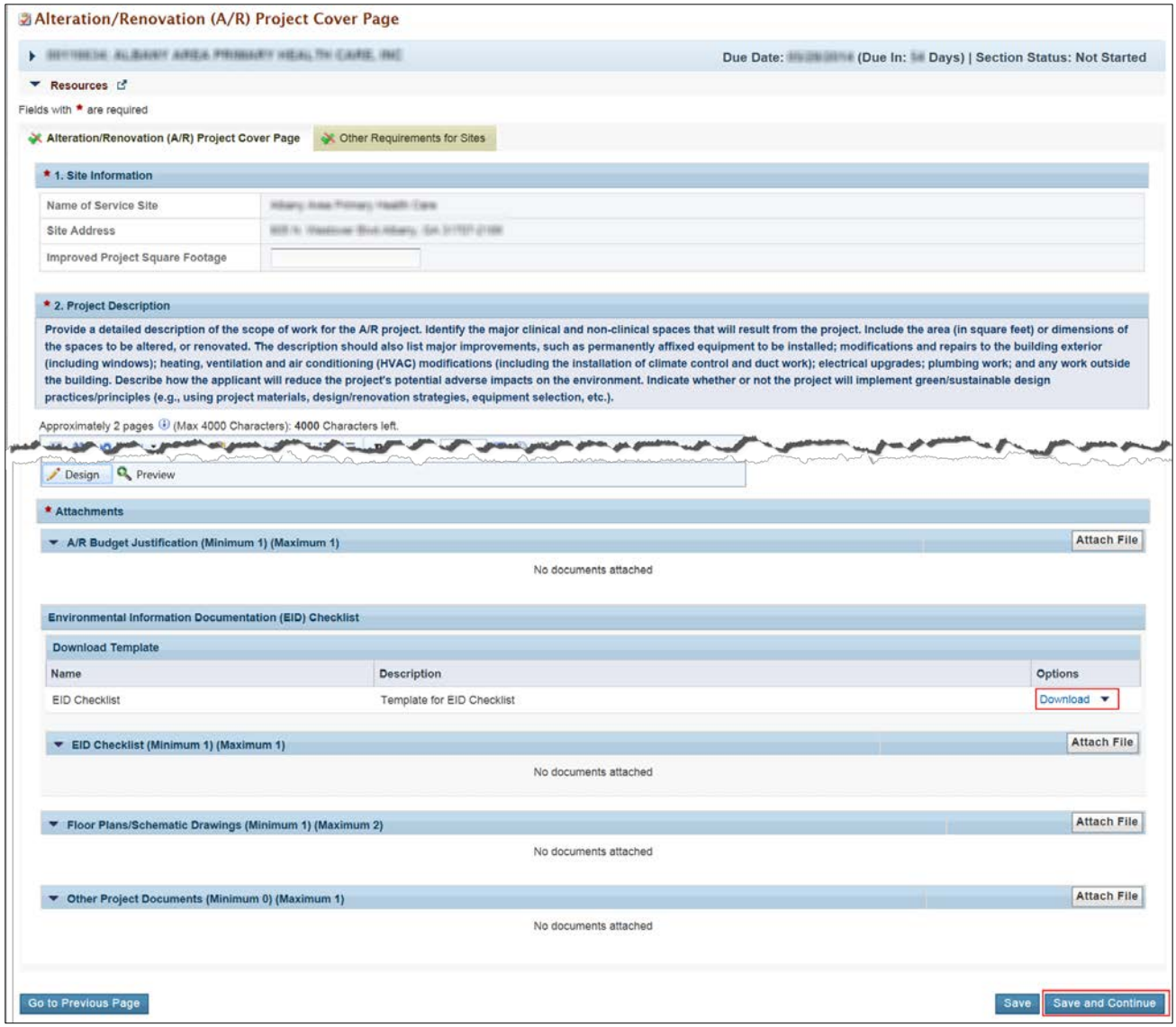
- You will be required to complete the Alteration/Renovation (A/R) Proposal Cover Page and Other Requirements for Sites sections for each site for which you answer 'Yes' for the one-time funding question.
- You will not be able to provide A/R information for sites for which you answer 'No' for the one-time funding question.

3.10.1 Alteration/Renovation (A/R) Project Cover Page

1. On the **A/R Project Cover Page**, answer all the questions and attach the documents as requested. Fields and attachments marked with an asterisk (*) are required.
2. After you have completed the **A/R Project Cover Page (Figure 47)**, click the Save and Continue button at the bottom of the screen to save your work and proceed to the **Other Requirements for Sites** section.

IMPORTANT NOTE: For the Environmental Information Documentation (EID) checklist, download the template to your computer, complete the form, and attach it to your application in the form.

Figure 47: A/R Project Cover Page



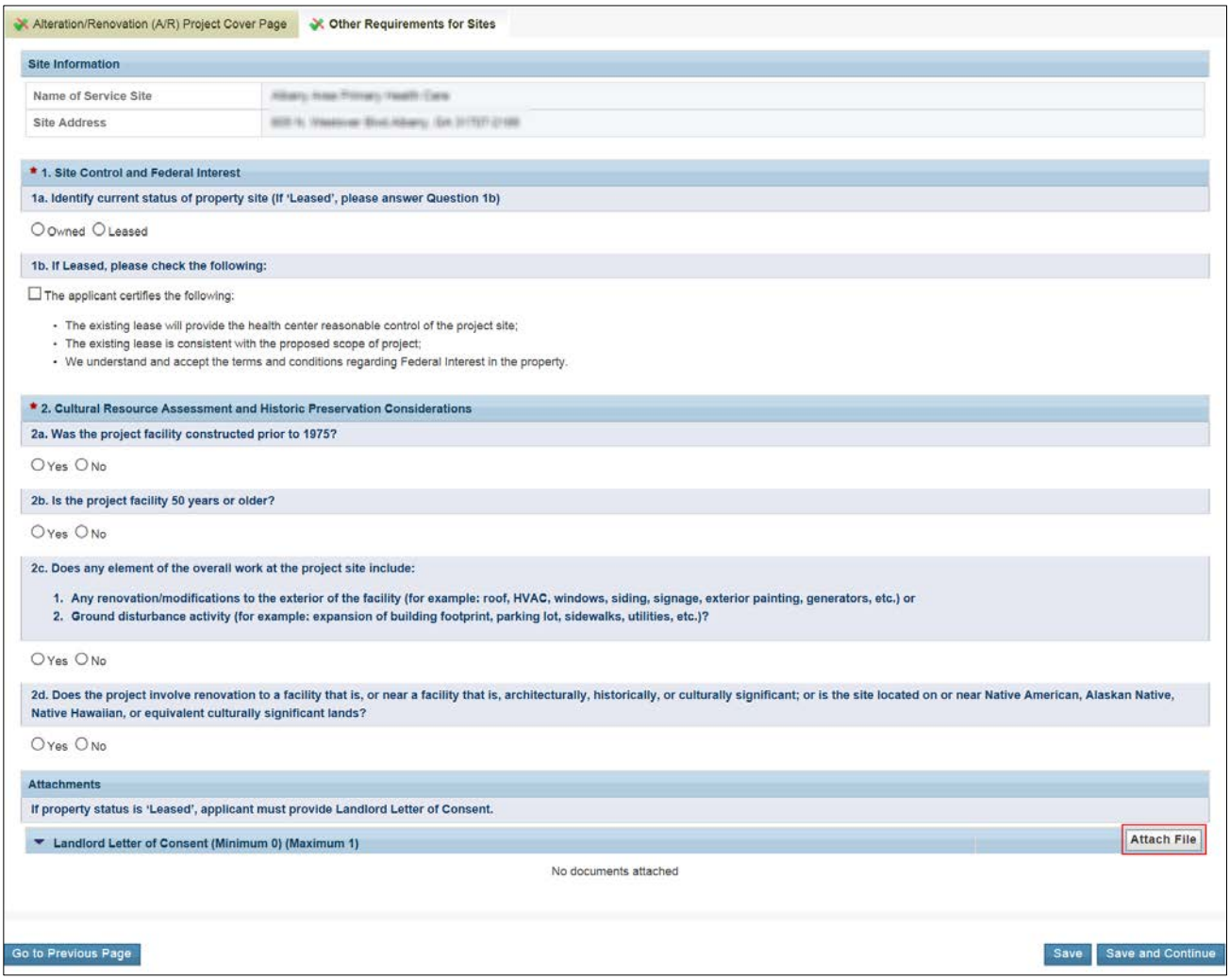
3.10.2 Other Requirements for Sites

Applicants requesting one-time funding for minor alteration/renovation must complete the **Other Requirements for Sites** form for each site where minor alteration/renovation activities will occur. This form addresses site control, federal interest, and cultural resources and historic preservation considerations related to the A/R project. To complete this form:

1. Answer all of the questions on the form.
2. If the site is a leased property, you must attach a Landlord Letter of Consent in the Attachments section. Otherwise, do not upload any document in the Attachments section.

3. Click the Save and Continue button at the bottom of the form.
   - ➢ You will be returned to the **A/R Information Page** with the list of proposed sites.

Figure 48: Other Requirements for Sites



4. After you have completed the A/R Information, click the Save and Continue button at the bottom of the form to save your work and proceed to the next form.

IMPORTANT NOTES:

- If you add a new 'Service Delivery' or an 'Administrative/Service Delivery' site in Form 5B: Service Sites after completing the A/R Information form, you will be required to revisit the A/R Information form to answer the one-time funding question for that site and provide the A/R information for the site, as applicable.

- If you remove a site from Form 5B: Service Sites, then the site will be removed from the A/R Information form.

3.11 Form 6A: Current Board Member Characteristics

Form 6A: Current Board Member Characteristics provides information about your organization's current board members.

IMPORTANT NOTES:

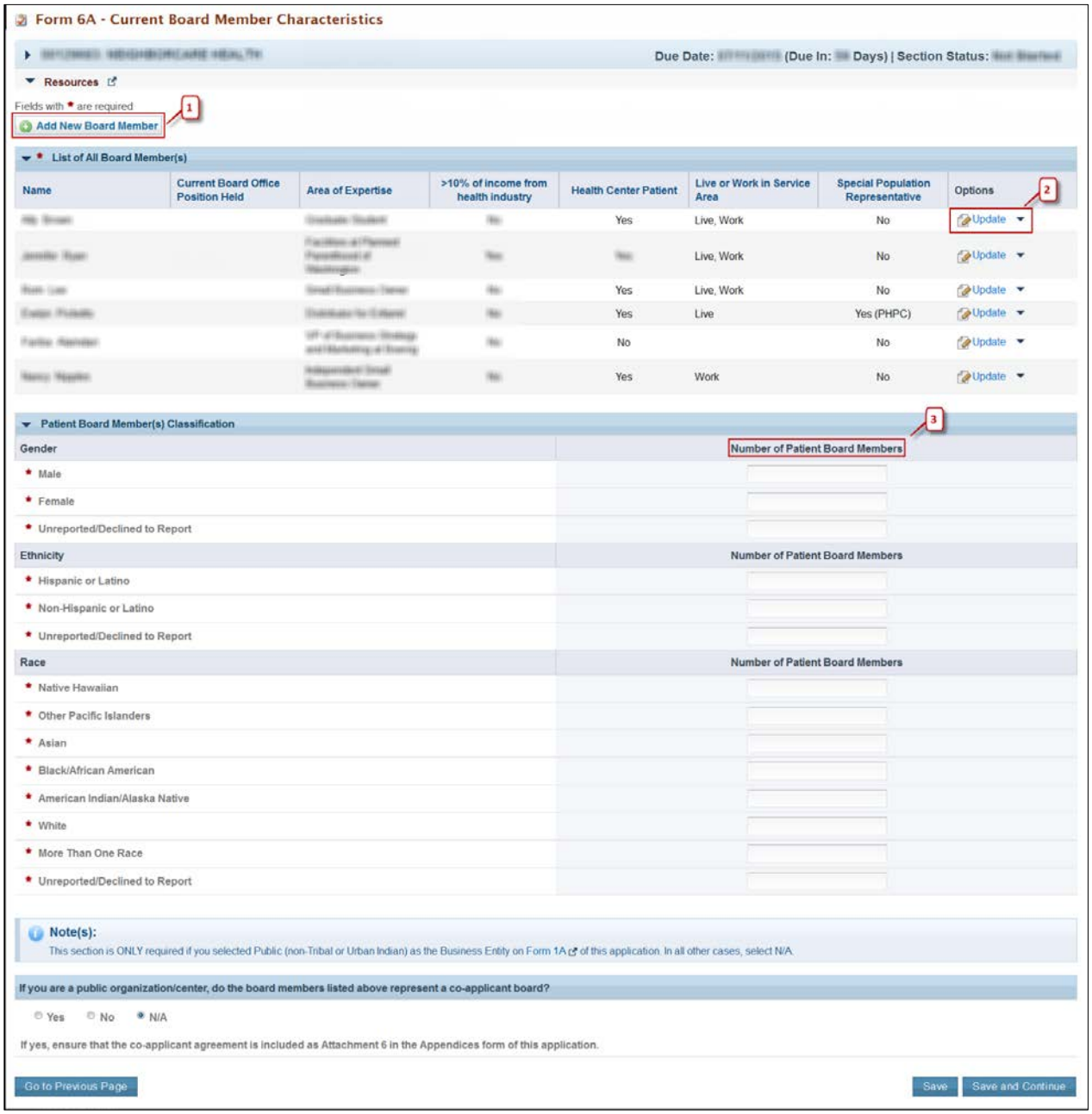
- This form is optional if you selected "Tribal Indian" or "Urban Indian" as the Business Entity in Form 1A: General Information Worksheet. You can click the Save or the Save and Continue button at the bottom of the page to proceed to the next form.
- If you chose a Business Entity other than "Tribal Indian" or "Urban Indian," you must enter all required information on **Form 6A**.
- If **Form 6A** is optional for you, but you choose to enter information, then you must enter all required information.

Applicants are required to list all the current board members and provide the requested details. For existing award recipients submitting a satellite NAP application, the system will pre-populate the board member information from the last awarded Health Center Program application. Applicants will have the option to update or delete the pre-populated information and add board members, as applicable.

To complete **Form 6A**, follow the steps below:

1. To add information for a board member, click the Add New Board Member button (**Figure 49**, **1**). You must provide a minimum of 9 and maximum of 25 board members.

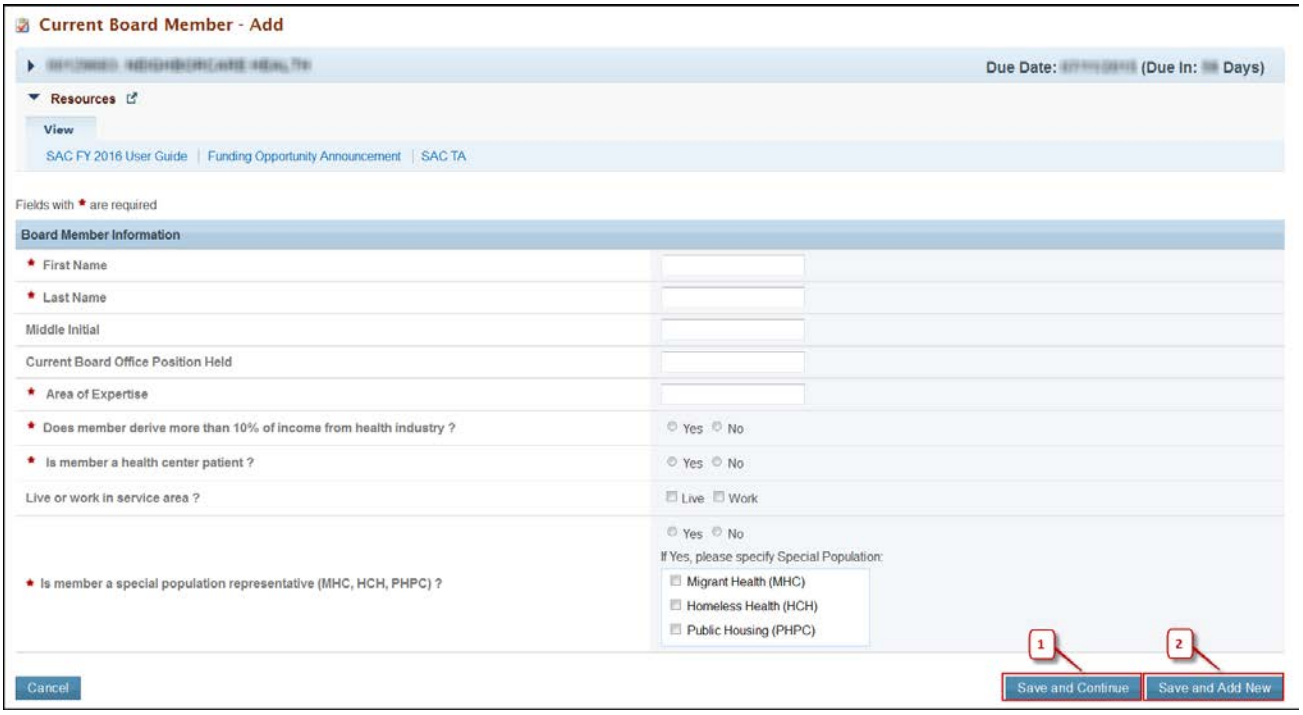
Figure 49: Form 6A Current Board Member Characteristics



➢ The system navigates to the **Current Board Member - Add** page (**Figure 50**).

2. Provide the required board member information on this page. Click the Save and Continue button to save the information and navigate back to the **Form 6A** list page (**Figure 50, 1**), or the Save and Add New button to save the information and add a new board member (**Figure 50, 2**).

Figure 50: Current Board Member – Add Page



3. To update or to delete information for any board member, click on **Update** or **Delete** link under the options column in the **List of All Board Members** section (**Figure 49**, **2**).
4. Enter the gender, ethnicity, and race of board members who are patients of the health center in the **Patient Board Member Classification** sections (**Figure 49**, **3**).

IMPORTANT NOTES:

- The totals of each Patient Board Member Classification sections must be equal.
- The total number of patient board members under each classification section should be less than or equal to the total number of board members added in the List of All Board Members section.

5. If you selected Public (non-Tribal or Urban Indian) as the business entity in Form 1A: General Information Worksheet of this application, select 'Yes' or 'No' for the public organization/center related question. If you selected a different business entity in Form 1A, select 'N/A' for this question. If you answer 'Yes' to this question, ensure that the Co-applicant Agreement is included as **Attachment 6** in the **Appendices** form of this application.
6. After providing all of the necessary information on **Form 6A**, click the Save and Continue button to save the information and proceed to the next form.

3.12 Form 6B: Request for Waiver of Governance Requirements

If you are proposing to serve only Migrant Health Center, Health Care for the Homeless, and/or Public Housing Primary Care, **Form 6B** is used to request a waiver of the 51% patient majority governance

requirement. Note that HRSA will not grant a waiver request if your organization currently receives or is applying for Community Health Center (CHC) funding.

3.12.1 Completing Form 6B when it is not applicable

Form 6B will not be applicable in the following cases:

- You selected "Tribal" or "Urban Indian" as the Business Entity in Form 1A: General Information Worksheet.
- You are currently receiving Community Health Centers (CHC) funding, or you selected CHC as one of the sub programs in the Budget Information: Section A - Budget Summary form of this application.

If the form is not applicable to you, click the Continue button to complete and proceed to the next form (Figure 51, 1).

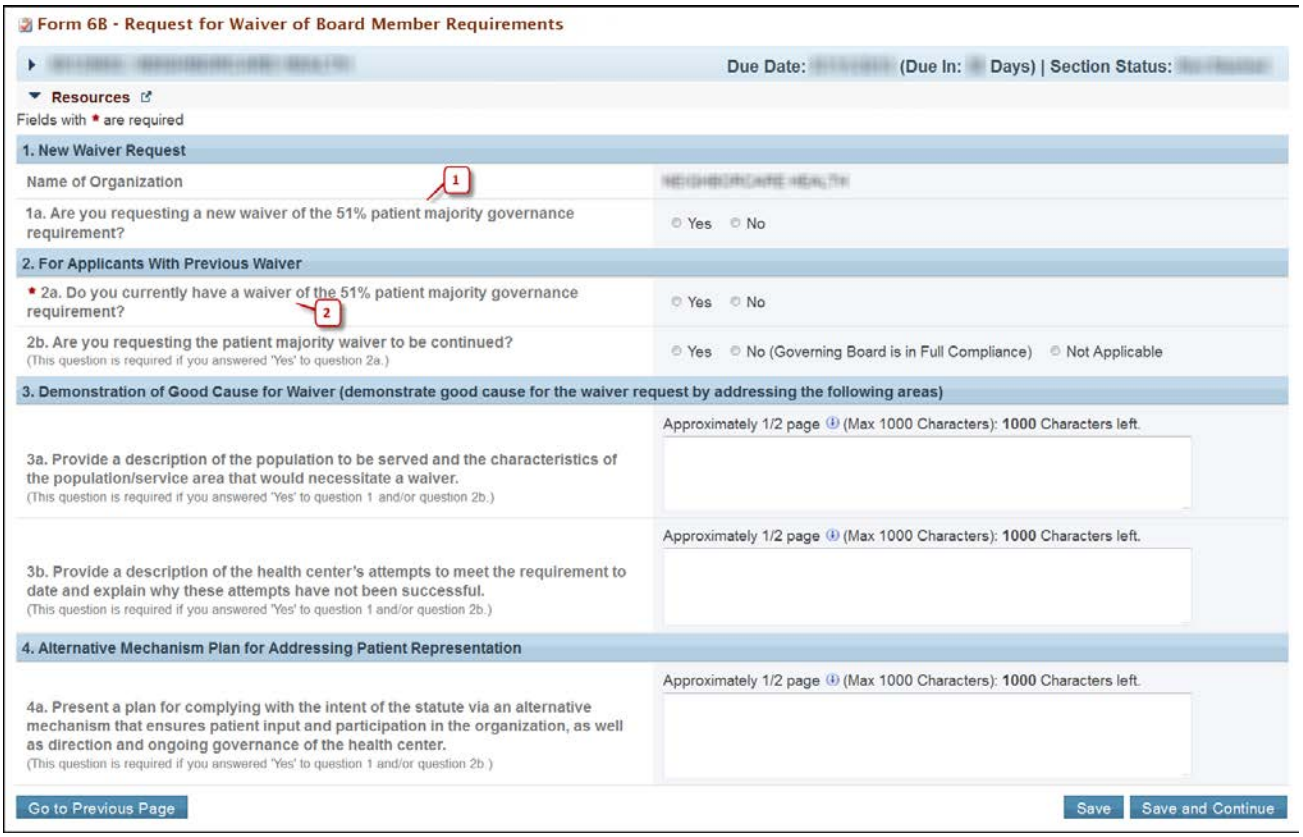
Figure 51: Form 6B: Request for Waiver of Governance Requirements – Not Applicable

3.12.2 Completing Form 6B when it is applicable

To complete **Form 6B** when it is applicable and necessary for your organization, follow the steps provided below:

1. Indicate whether you are requesting a new waiver of the 51% patient majority governance requirement under the **New Waiver Request** section (**Figure 52**, **1**) or if you currently have a waiver in the **For Applicants With Previous Waiver** section (**Figure 52**, **2**).

Figure 52: Form 6B: Request for Waiver of Governance Requirements – Applicable



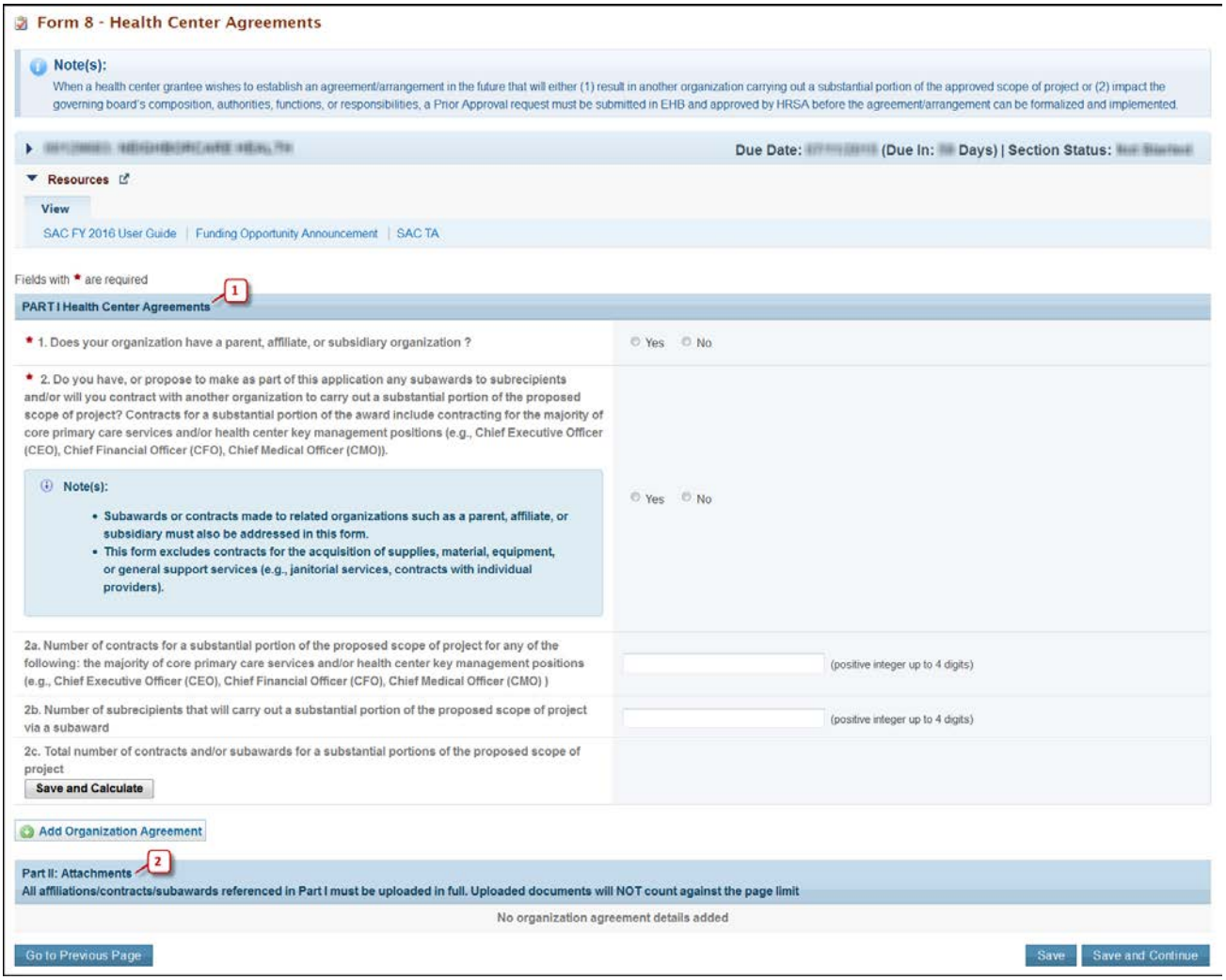
2. If you answered 'Yes' to question 2a, you must answer 'Yes' or 'No' for question 2b. Select 'N/A' for question 2b if you answered 'No' to question 2a.
3. If you answered 'Yes' to question 1 or question 2b, you must answer the remaining questions on the form.
4. After completing **Form 6B**, click the Save and Continue button to save your work and proceed to the next form.

3.13 Form 8: Health Center Agreements

Form 8 indicates whether you have or propose to make 1) any agreements with a parent, affiliate, or subsidiary organization; and/or 2) any subawards to subrecipients and/or contract with another organization to carry out a substantial portion of the proposed scope of project, including a proposed site to be operated by a subrecipient or contractor, as identified in Form 5B: Service Sites. This form has the following sections:

- Part I: Health Center Agreements (**Figure 53**, **1**)
- Part II: Adding Organization Agreement details (**Figure 53**, **2**)

Figure 53: Form 8 – Health Center Agreements



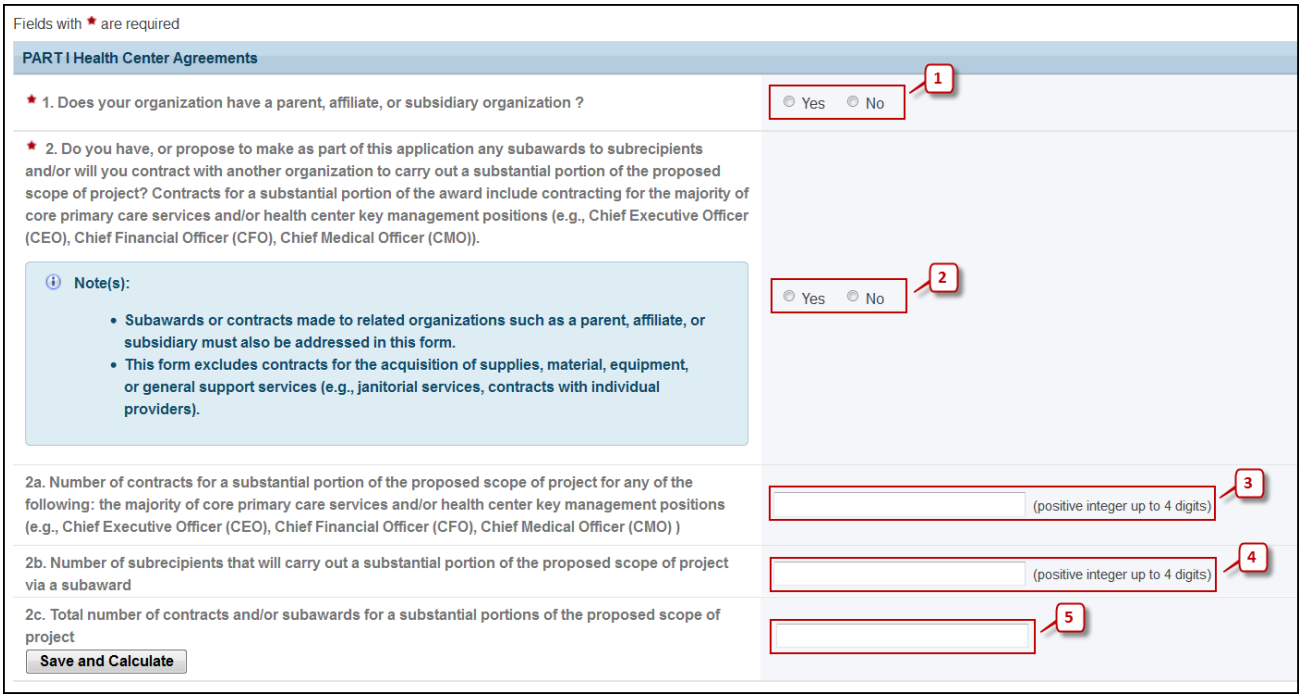
3.13.1 Completing Part I: Health Center Agreements

To complete Part I of **Form 8**, follow the steps below:

1. Answer question 1 (**Figure 54**, **1**) and question 2 (**Figure 54**, **2**). Select '**Yes'** for question 2 if any current or proposed agreements exist with another organization to carry out a substantial portion of your organization's approved scope of project.

IMPORTANT NOTE: If any of the new sites proposed in Form 5B: Service Sites are being operated by a "Subrecipient" or a "Contractor", the system will set the answer for question 2 to 'Yes'.

Figure 54: Form 8, Part I



2. If 'Yes' was selected for question 2, complete questions 2a and 2b (**Figure 54**, **3-4**). Click Save and Calculate to show the total number of contracts or subawards in 2c (**Figure 54**, **5**).

3.13.2 Completing Part II: Adding Organization Agreement details

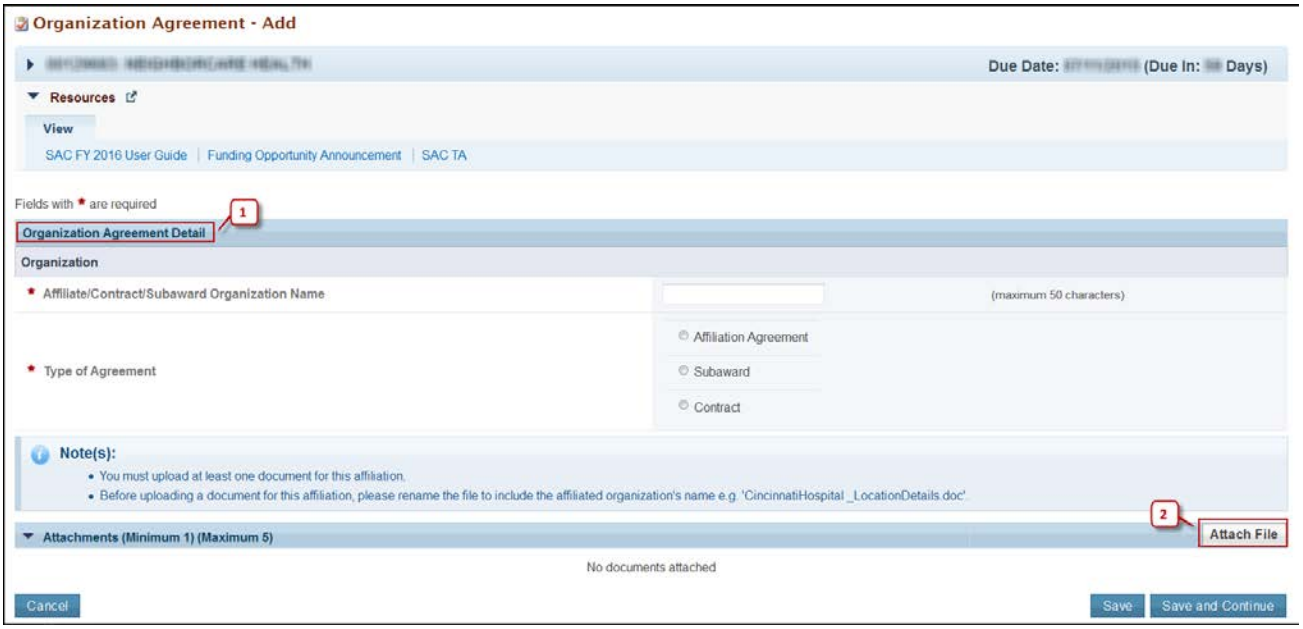
If you answered 'Yes' to questions 1 or 2, provide each agreement with external organizations as noted in Part I. The agreements will be organized by organization. To add agreements, follow the steps below:

1. Click the Add Organization Agreement button located above Part II (**Figure 55**, **1**).

Figure 55: Form 8, Part II

➢ The system navigates to the **Organization Agreement - Add** page (**Figure 56**).

Figure 56: Organization Agreement – Add page



2. Provide the required information for the agreement in the **Organization Agreement Detail** section on this page (**Figure 56**, **1**).
3. Under the **Attachments** section at the bottom of this page, click on the Attach File button (**Figure 56**, **2**) to upload at least one document related to the organization (i.e., the complete affiliation agreement, contract, and/or subaward).

IMPORTANT NOTE: Before uploading a document for Form 8, rename the file to include the affiliated organization's name (e.g., "CincinnatiHospital_MOA.doc")**.**

4. Click Save and Continue to return to **Form 8: Health Center Agreements** list page**.** Following the steps described above, add as many organizations and corresponding agreements as referenced in Part I. This form will accept a maximum of five document uploads for 10 organizations
5. After completing **Form 8**, click the Save and Continue button to save your work and proceed to the next form.

3.14 Form 9: Need for Assistance Worksheet

Form 9: Need for Assistance Worksheet documents objective measures of relative need for the proposed service area and target population. Refer to the Data Resource Guide at http://www.hrsa.gov/grants/apply/assistance/NAP for guidance regarding appropriate data sources and extrapolation methodologies. This form consists of the following sections:

Section I - Core Barriers (**Figure 57**, **1**)

Section II - Core Health Indicators (**Figure 57**, **2**)

Section III - Other Health and Access Indicators (**Figure 57**, **3**)

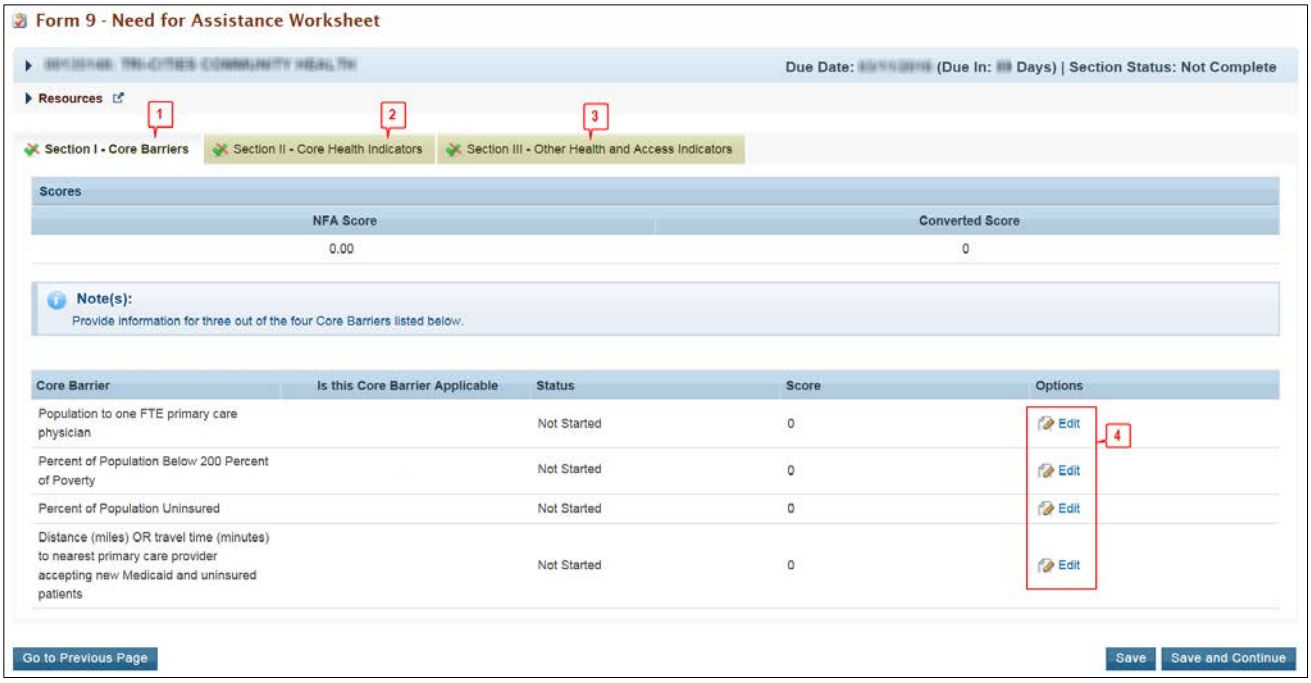
IMPORTANT NOTE: Refer to Appendix A in the FY16 NAP Funding Opportunity Announcement for information on completing the Need for Assistance worksheet and how it is scored.

3.14.1 Completing Section I – Core Barriers

Form 9 - Section I requests information about the Core Barriers to health care access in the proposed service area and for the target population. You must report only three of the four core barriers listed. To complete this section, follow the steps below:

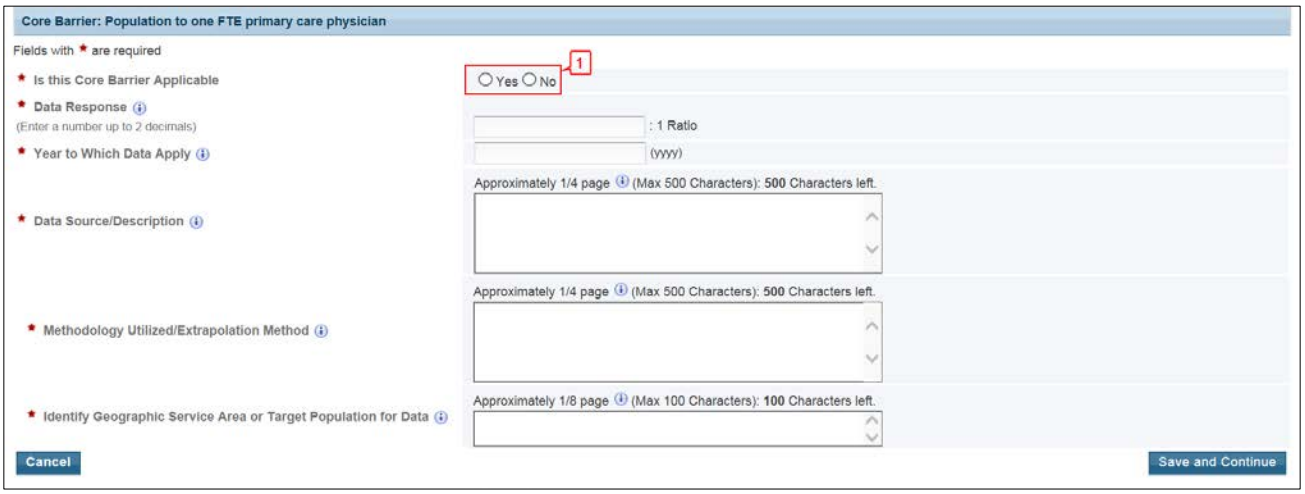
1. Click on the **Edit** link for each of the Core Barriers (**Figure 57**, **4**).

Figure 57: Form 9, Section I - Core Barriers



   - The system navigates to the details page of the selected Core Barrier (**Figure 58**).
2. For those Core Barriers you will report on, respond 'Yes' to the question 'Is this Core Barrier Applicable?' (**Figure 58**, **1**). For one of the Core Barriers, you must answer 'No' to the question 'Is this Core Barrier Applicable?' (**Figure 58**, **1**). If you answer 'No' to 'Is this Core Barrier Applicable?' you will *not* be able to enter any data for that barrier.
3. Provide information in all the fields of the core barrier.

Figure 58: Section I - Core Barrier Details

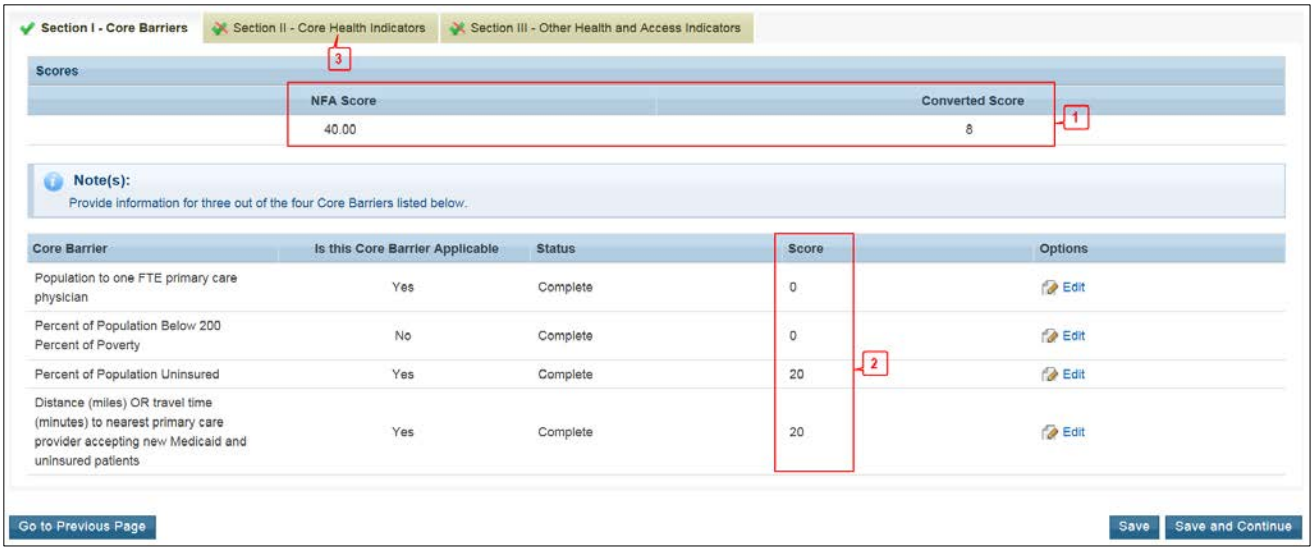


4. Click the Save and Continue button to return to the **Core Barriers – List** page (Figure 59).

IMPORTANT NOTE: The NFA score for each reported Core Barrier is listed under the individual Score column (Figure 59, 2). You can also review the cumulative scores for all of the sections in Form 9 in the Scores section (Figure 59, 1).

5. Complete the remaining Core Barriers and click on the Save and Continue button to proceed to **Section II – Core Health Indicators** section, or click the Save button at the bottom of this section and select the **Section II – Core Health Indicators** tab below the **Resources** section (Figure 59, 3).

Figure 59: Section I - Core Barriers Completed

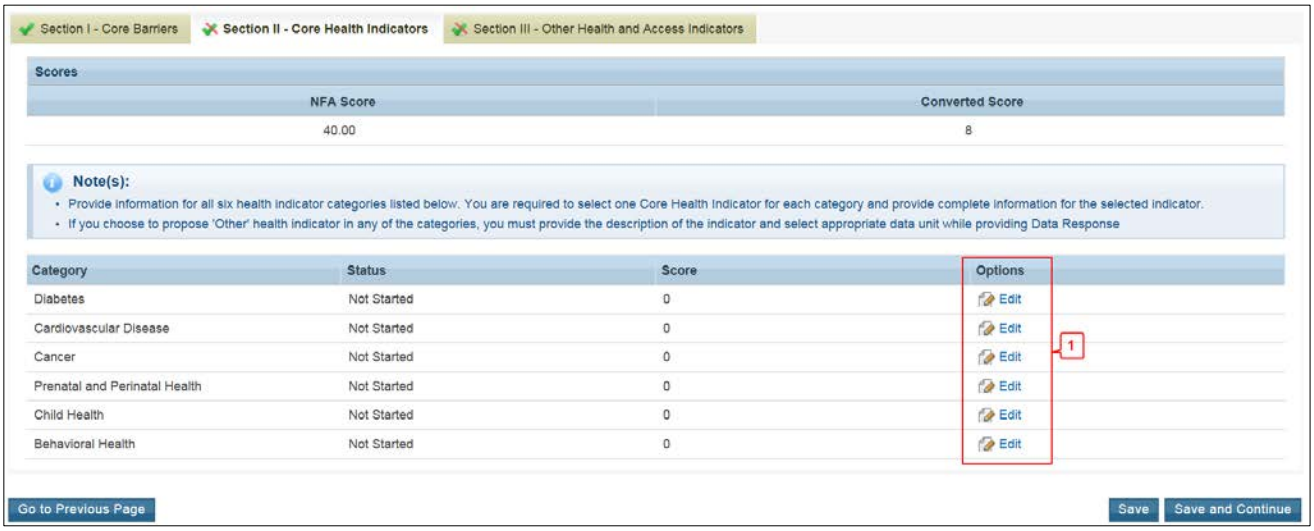


3.14.2 Completing Section II – Core Health Indicators

In **Form 9 - Section II,** report data for one indicator in each of the listed Core Health Indicator categories. To complete this section, follow the steps below for each of the Core Health Indicators:

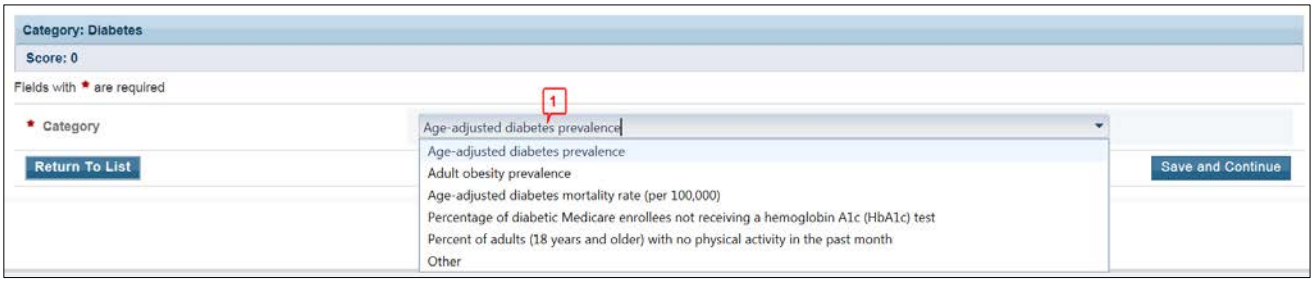
1. Click on the **Edit** link for each of the Core Health Indicator categories (**Figure 60**, **1**).

Figure 60: Form 9, Section II - Core Health Indicators



2. Select a Core Health Indicator from the drop-down menu (**Figure 61**, **1**). If you choose 'Other', then you are required to specify the name of your Core Health Indicator.

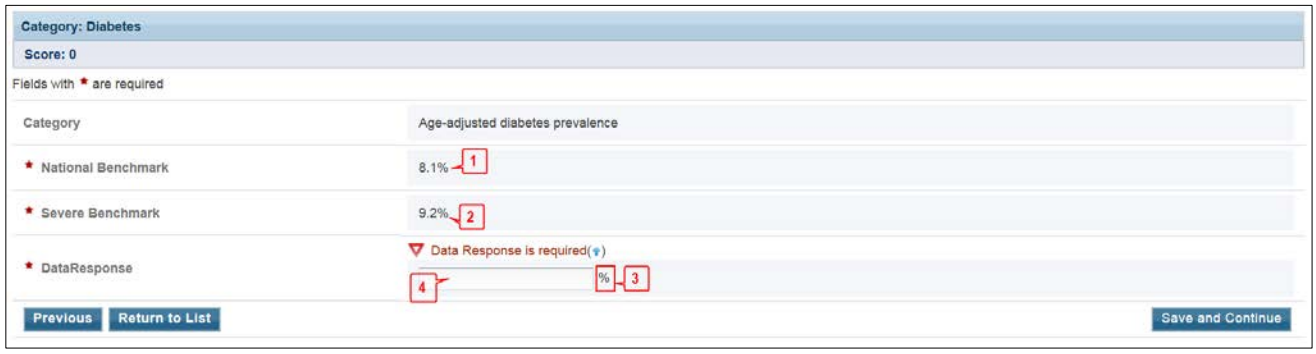
Figure 61: Select a Core Health Indicator



- The system refreshes with the National Benchmark (**Figure 62**, **1**), Severe Benchmark (**Figure 62**, **2**) values and the measure unit of the Data Response field (**Figure 62**, **3**).

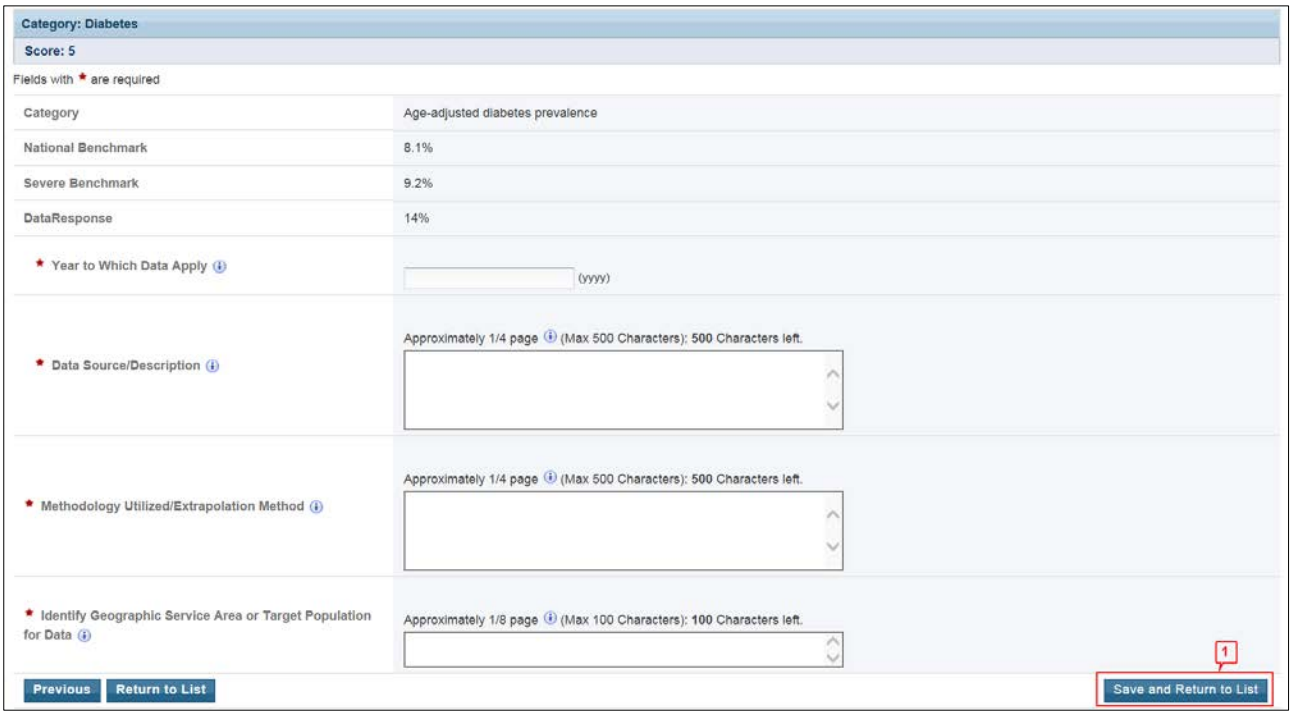
IMPORTANT NOTE: For the Core Barriers and Core Health Indicators that are measured in percentage (%), the Data Response must be within 0 – 100.

Figure 62: Core Health Indicator - Data Response



3. Provide the **Data Response** value (**Figure 62**, **4**) and click the Save and Continue button.
4. In the next screen, provide information in all the remaining fields of the core health indicator and click the Save and Return to List button (**Figure 63**, **1**) to return to the **Core Health Indicator – List** page.

Figure 63: Section II - Core Health Indicator Details



IMPORTANT NOTES: If you choose to select 'Other' as your Core Health Indicator, you must specify the indicator (**Figure 64**, **1**) and complete the following subsequent fields:

- Select a comparison criterion (e.g., greater than) for the National Benchmark (**Figure 65**, **1**) and provide its number value and measure unit (e.g., percent, ratio) (**Figure 65**, **2**).

- Provide the data response value in the Data Response field and choose the corresponding measure unit in the dropdown box (**Figure 65**, **3**). Ensure that the measure unit is in sync with the National Benchmark selection.

- Click Save and Continue to provide information in all the remaining fields of the core health indicator.

Figure 64: Specifying 'Other' Core Health Indicator

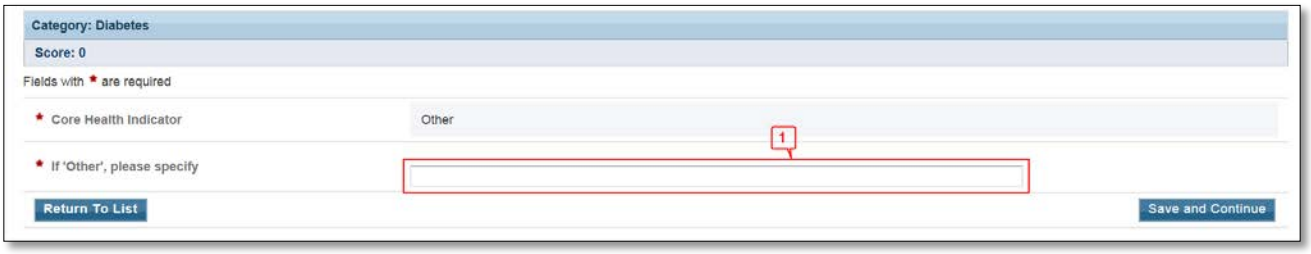
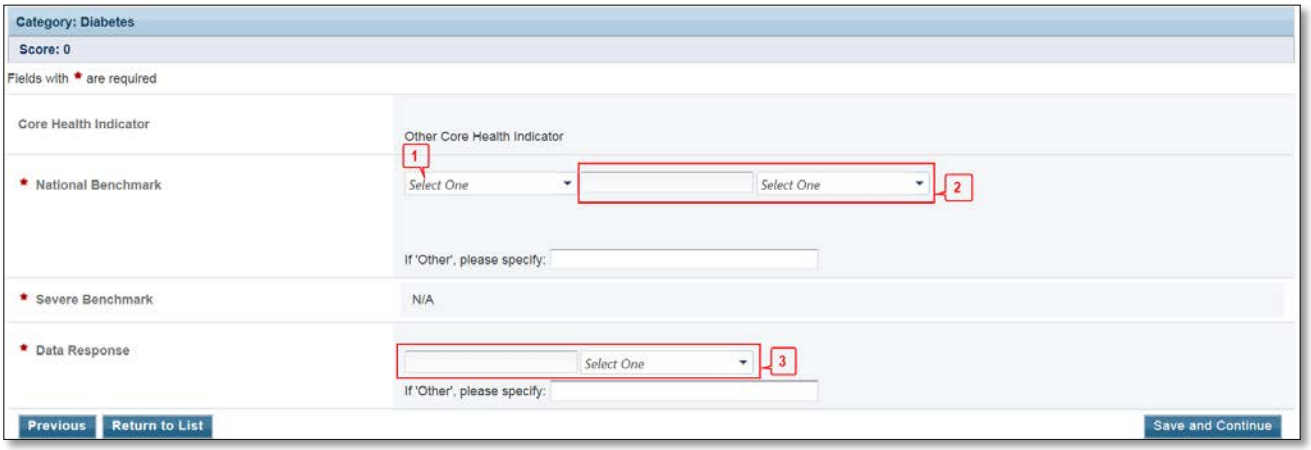
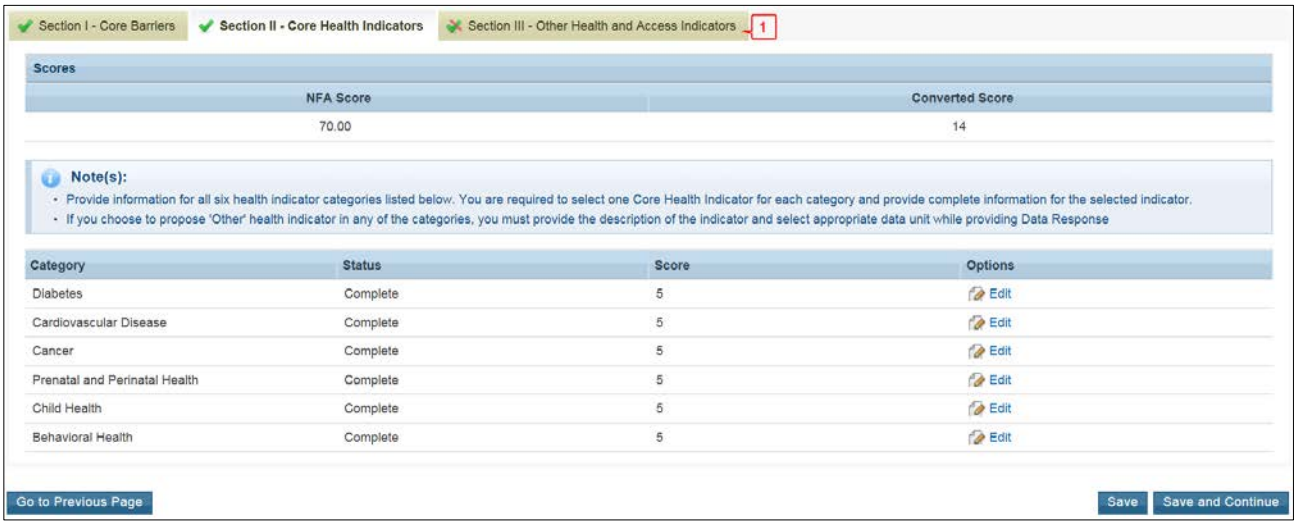


Figure 65: 'Other' Core Health Indicator Details



5. Complete the remaining Core Health Indicators and proceed to **Section III – Other Health and Access Indicators** section (**Figure 66**, **1**).

Figure 66: Section II - Core Health Indicator Completed

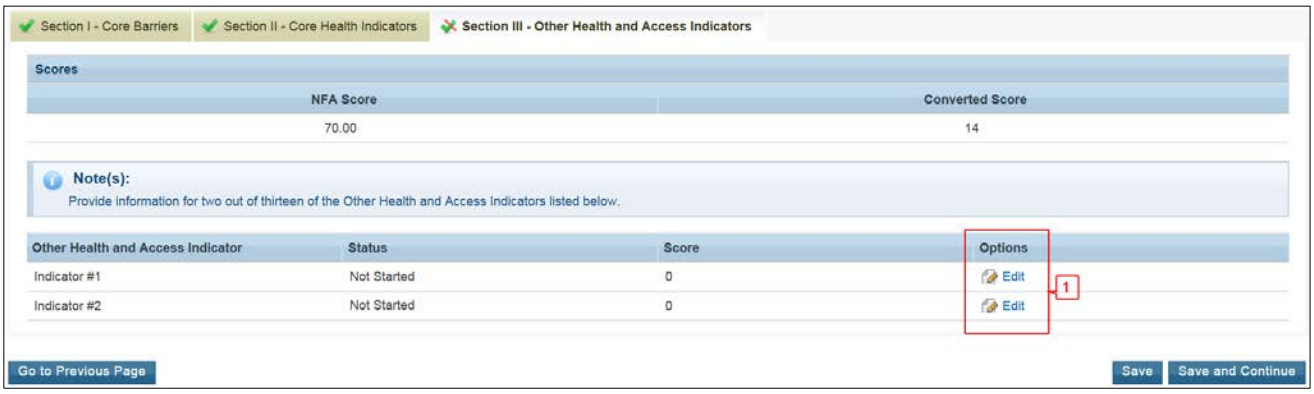


3.14.3 Completing Section III – Other Health and Access Indicators

Use **Form 9 - Section II** to provide information about two additional health and access indicators. To complete this section, follow the steps below:

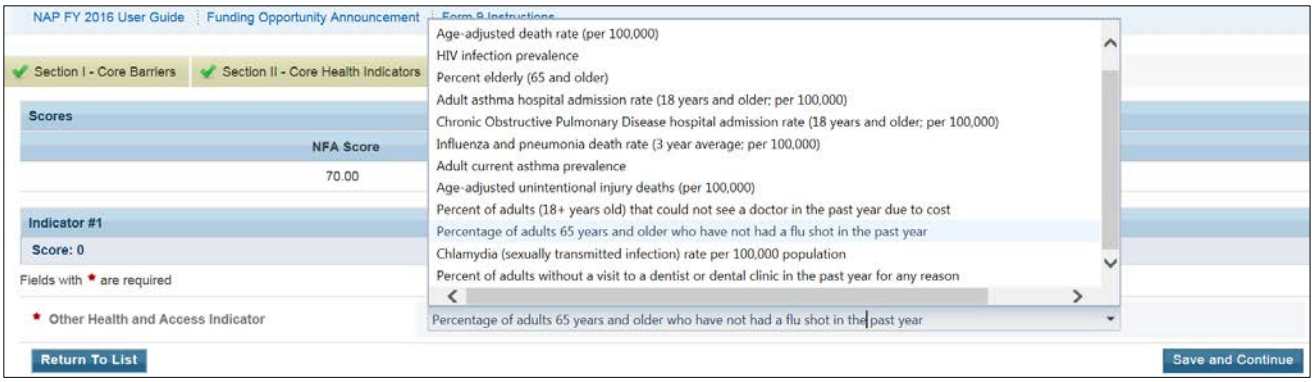
1. Click on the **Edit** link for each of the Other Health and Access Indicators (**Figure 67**, **1**).

Figure 67: Form 9, Section III - Other Health and Access Indicators



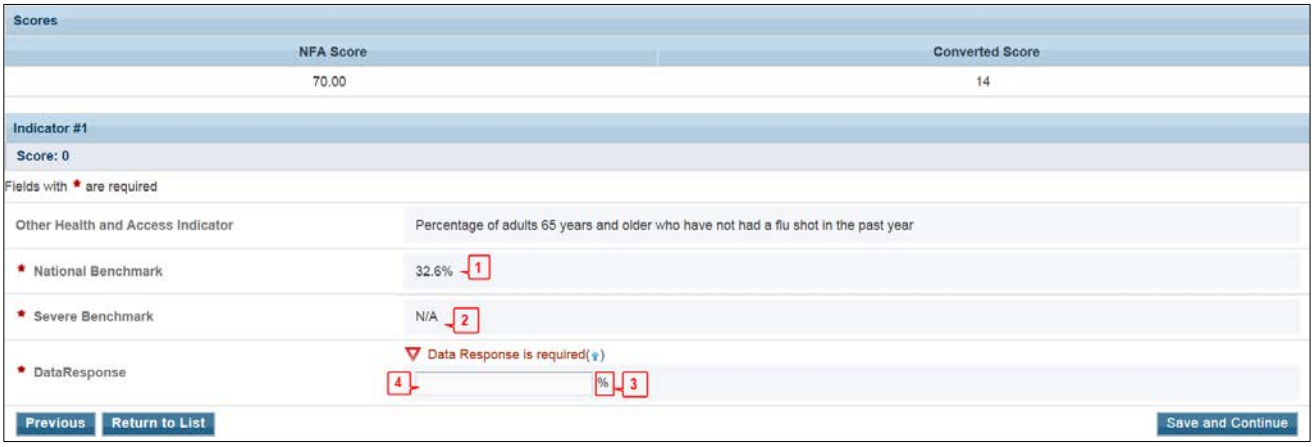
2. Select an Other Health and Access Indicator from the drop-down menu (**Figure 68**) and click the Save and Continue button.

Figure 68: Select an Other Health and Access Indicator



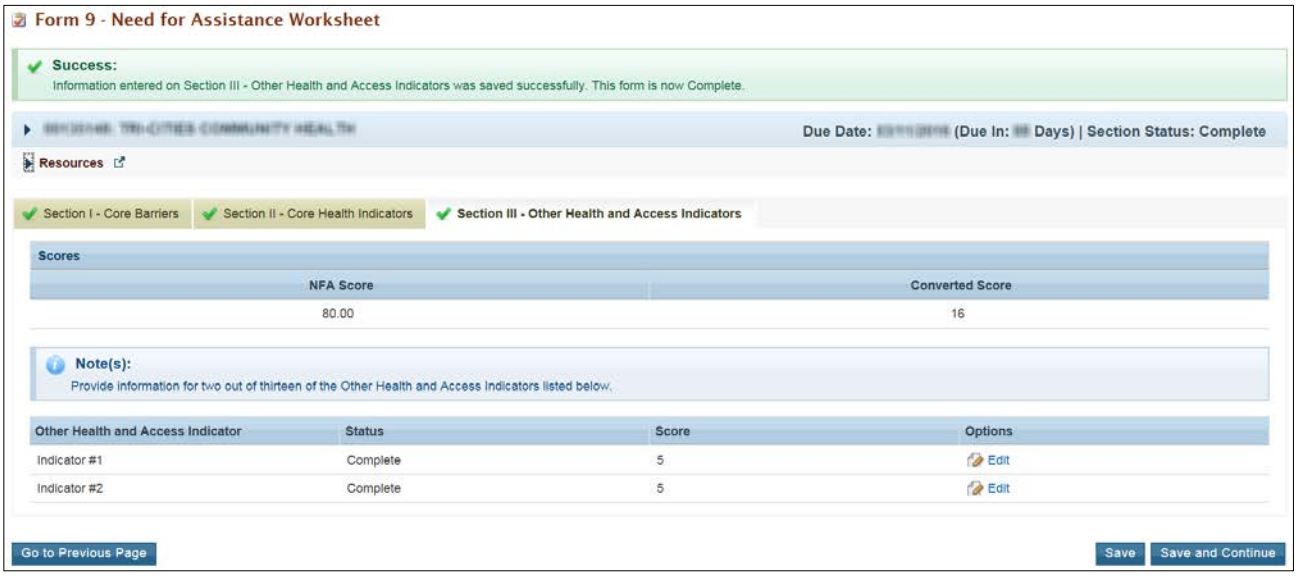
- The system refreshes with the National Benchmark (**Figure 69**, **1**) and the measure unit of the Data Response field (**Figure 69**, **3**). The Severe Benchmark is not applicable (**Figure 69**, **2**).

Figure 69: Other Health and Access Indicator - Data Response



3. Provide the **Data Response** value (**Figure 69**, **4**) and click the Save and Continue button.
4. In the next screen, provide information in all the remaining fields of the indicator and click the Save and Return to List button to return to the **Other Health and Access Indicators – List** page.
5. Repeat steps 1-4 for another indicator.

Figure 70: Form 9 Completed



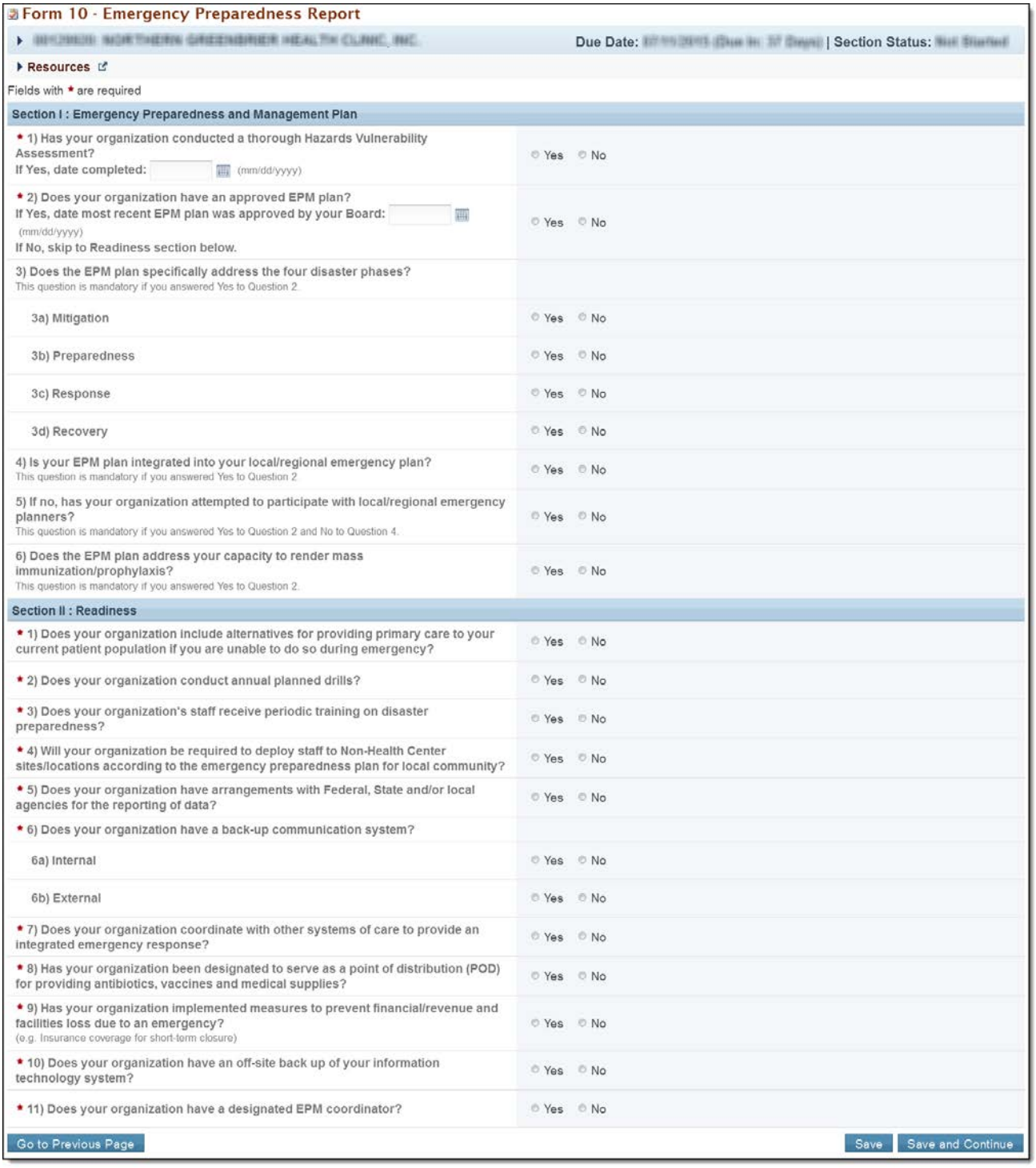
6. **Form 9: Need for Assistance Worksheet** will be complete when the status of all 3 sections are complete (**Figure 70**). After completing all the form sections, click the Save and Continue button to save your work and proceed to the next form.

3.15 Form 10: Emergency Preparedness Report

Form 10: Emergency Preparedness Report assesses your organization's overall emergency readiness. To complete this form, follow the steps below:

1. Complete all sections of this form by selecting a 'Yes' or 'No' response for each question (**Figure 71**).
2. After providing complete information on **Form 10**, click the Save and Continue to save the information and proceed to the next form.

Figure 71: Form 10 –Emergency Preparedness Report



3.16 Form 12: Organization Contacts

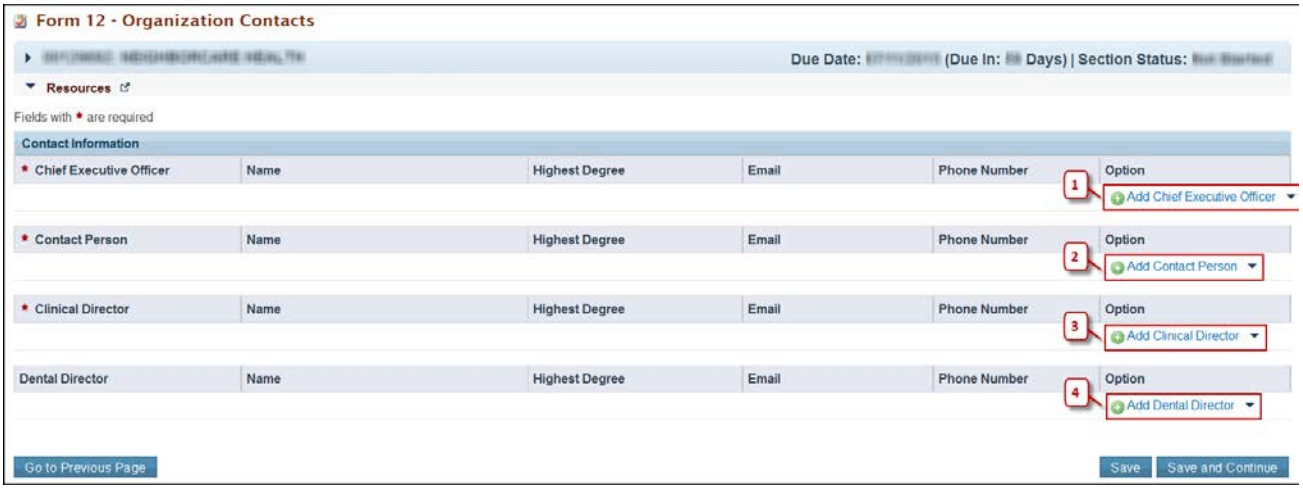
Use **Form 12: Organization Contacts** to provide contact information for the proposed project.

New applicants will provide the requested contact information. For existing award recipients submitting a satellite application, the system will pre-populate the contact information from the latest awarded Health Center Program application.

To complete this form, follow the steps below:

1. Enter contact information for the Chief Executive Officer, Contact Person, Clinical Director, and Dental Director (optional) by clicking on the Add button. (**Figure 72**, **1, 2, 3, 4**)

Figure 72: Form 12 – Organization Contacts

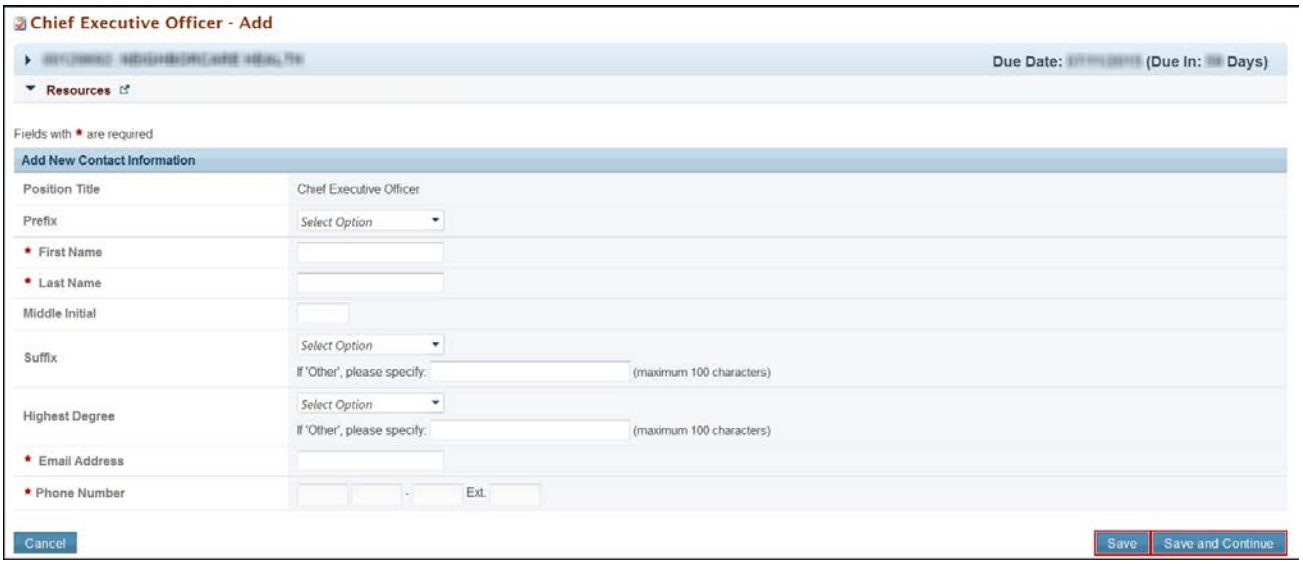


2. Click on the **Add/Update** link to add or update the information for each type of contact.
   - The system directs you to the data entry page for the corresponding contact.
3. To delete the contact information already provided, click on the **Delete** link under the options column.

IMPORTANT NOTE: The **Update** and the **Delete** links will be only displayed once you have added the contact information.

4. Enter the required information on this page.

Figure 73: Chief Executive Officer – Add page



5. Click Save to save the information and remain on the same page or click Save and Continue to save the information and proceed to the **Form 12: Organizations Contact** page to add information for the next contact.
6. After providing complete information on **Form 12**, click the Save and Continue button to save the information and proceed to the next form.

3.17 Clinical Performance Measures

The **Clinical Performance Measures** form collects the goals and performance measures for the NAP project.

IMPORTANT NOTE: Refer to the FY16 NAP Funding Opportunity Announcement for more information on completing the **Clinical Performance Measures** form.

The **Clinical Performance Measures** form displays the following sections:

- Standard Measures
- Other Measures

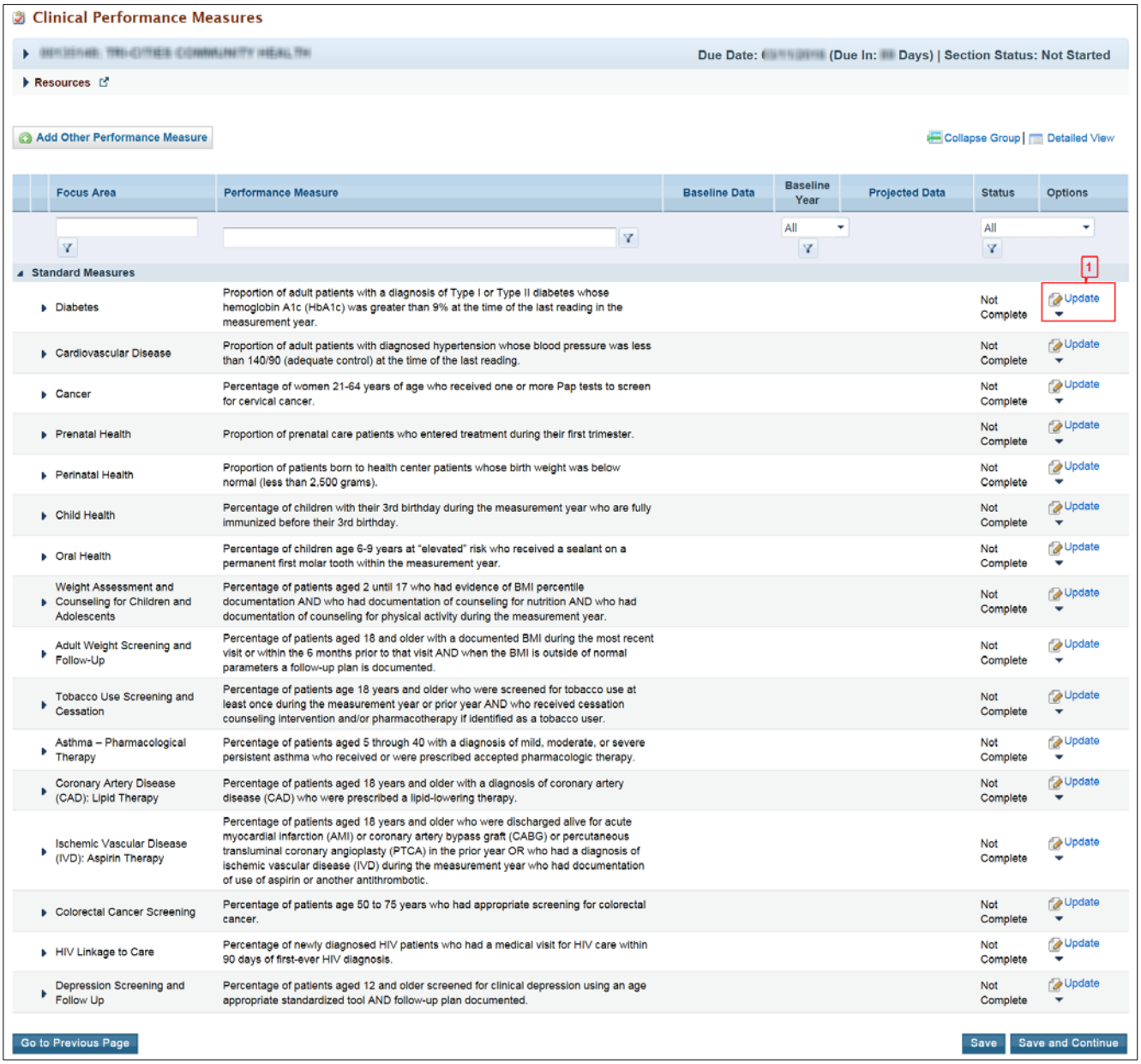
Standard Measures are pre-defined measures; applicants are required to provide requested information for all these measures. **Other Measures** are optional additional measures that applicants may wish to add to their application.

3.17.1 Completing the Standard Clinical Performance Measures

To complete this form:

1. Click on the **Update** link to start working on a performance measure (**Figure 74**, **1**).

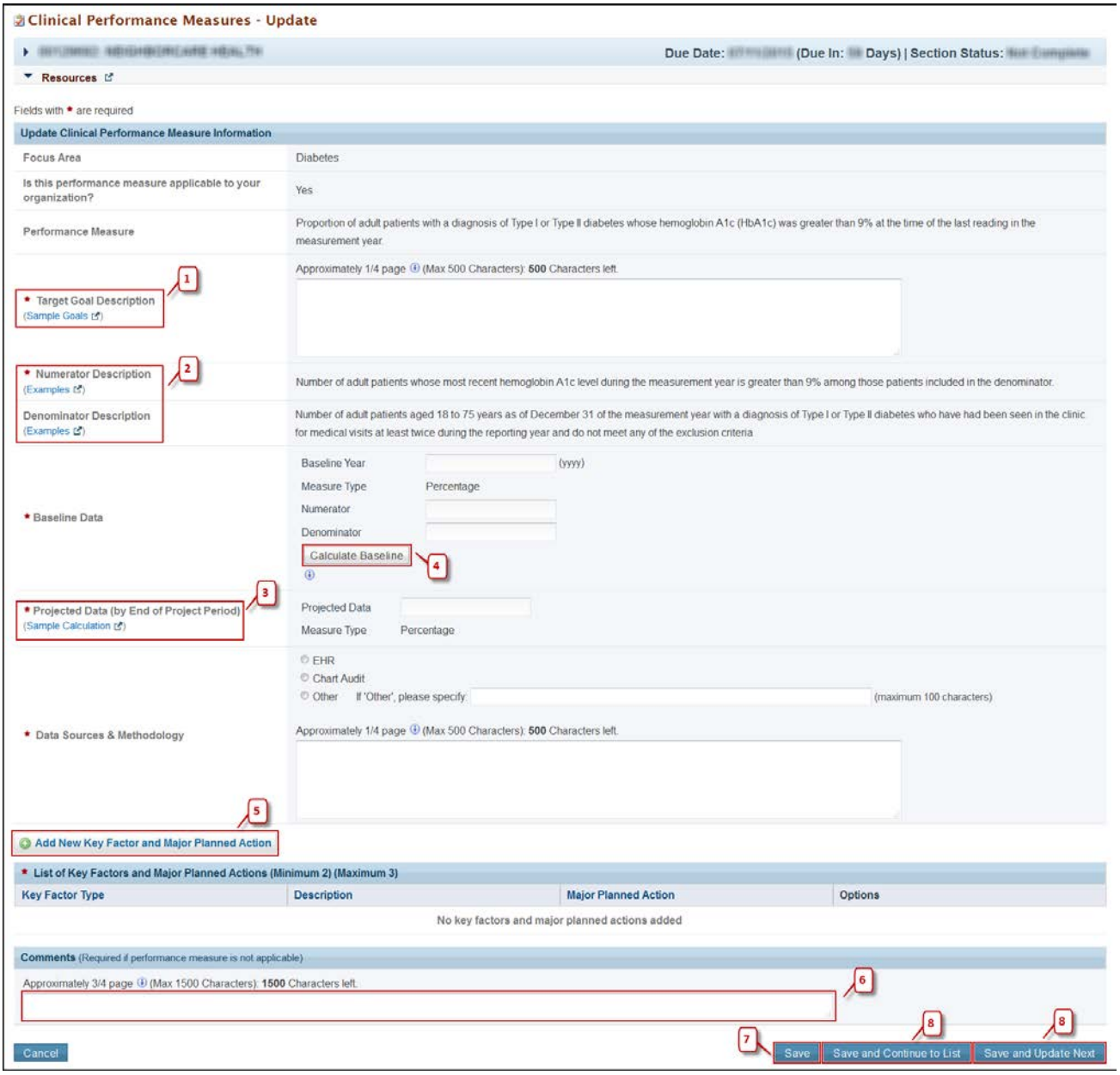
Figure 74: Clinical Performance Measures page



IMPORTANT NOTE: The **Clinical Performance Measures** form will be 'Complete' when the status of all Standard measures and Other measures are 'Complete'. All standard measures are required and must be completed.

- The system navigates to the **Clinical Performance Measure – Update** page (**Figure 75**).

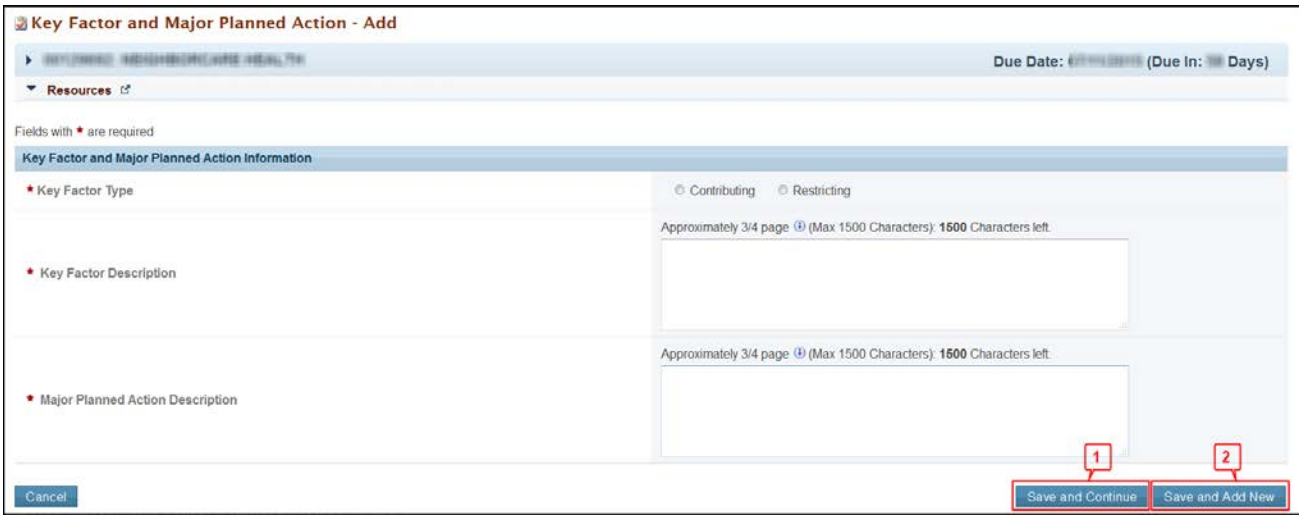
Figure 75: Clinical Performance Measure - Update page



2. Provide a **Target Goal Description**, for each performance measure (**Figure 75**, **1**). For all standard measures, the **Numerator** and **Denominator** descriptions are pre-populated (**Figure 75**, **2**).
3. For Baseline Data, enter the year of the data provided and the numerator and denominator values based on the descriptions given. Use the Calculate Baseline button to calculate the baseline percentage (**Figure 75**, **4**).
4. Enter the goal by the end of the two-year project period under **Projected Data (by End of Project Period)** as a percentage (**Figure 75**, **3**).

5. Select 'EHR', "Chart Audit', or 'Other' as the **Data Source**. If 'Other' is selected, specify the data source. Describe the **Methodology** used to collect and analyze data.
6. Click on the Add New Key Factor and Major Planned Action button to add Key factors (**Figure 75**, **5**).
   - ➢ The system navigates to the **Key Factor and Major Planned Action – Add** page (**Figure 76**).
7. Provide information for at least one restricting and one contributing Key Factor type.

Figure 76: Key Factors and Major Planned Action - Add page



8. Click the Save and Continue button (**Figure 76**, **1**) to save the information on this page and proceed to the **Clinical Performance Measures – Update** page, or click the Save and Add New button (**Figure 76**, **2**) to save the information on this page and proceed to add a new key factor.
9. Provide comments in the Comment field if needed (**Figure 75**, **6**).
10. Click on the Save button to save the information on this page (**Figure 75**, **7**). To go to the **Clinical Performance Measure – List** page, click on the Save and Continue to List button (**Figure 75**, **8**) or click on the Save and Update Next button to update the next performance measure in the list (**Figure 75**, **9**).

3.17.2 Adding Other Performance Measures

To add an 'Other' performance measure to your application, follow the steps below:

1. Click the Add Other Performance Measure button at the top of the **Clinical Performance Measure – List** page.
   - ➢ The **Add Clinical Performance Measure** page opens.

Figure 77: **Add Clinical Performance Measure**

2. Select a focus area from the drop-down menu (**Figure 77**, **1**).
3. If the focus area is Oral Health or Behavioral Health, click on the Load Performance Measure Category button to load the performance measure categories (**Figure 77**, **2**). Otherwise, the Load Performance Measure Category button is not applicable.
4. Select one or more performance measure categories, as applicable.
5. Provide all the required information.
6. Click on the Add New Key Factor and Major Planned Action button to add Key Factors. Provide information for at least one restricting and one contributing Key Factor type.
7. Click on the Save button to save the information on this page. To go to the **Clinical Performance Measure – List** page, click on the Save and Continue button. The newly added measure will be listed under **Other Measures** at the bottom of the page.
8. Newly added 'Other' measures can be updated or deleted by using the **Update** and **Delete** links provided as options.
9. After completing all of the Clinical Measures, click the Save and Continue button to save the information and proceed to the next form.

IMPORTANT NOTE: If applying for funds to target one or more special populations (i.e., MHC, HCH, PHPC) in addition to the general community, applicants must include at least one additional Clinical Performance Measure that addresses the unique health care needs of the special population(s).

3.18 Financial Performance Measures

The **Financial Performance Measures** form collects the goals and performance measures for the NAP project. It displays the following sections:

- Standard Measures
- Other Measures

Standard Measures are pre-defined measures; applicants are required to provide requested information for all these measures. **Other Measures** are optional additional measures that applicants may wish to add to their application.

3.18.1 Completing the Standard Financial Performance Measures

To complete this form:

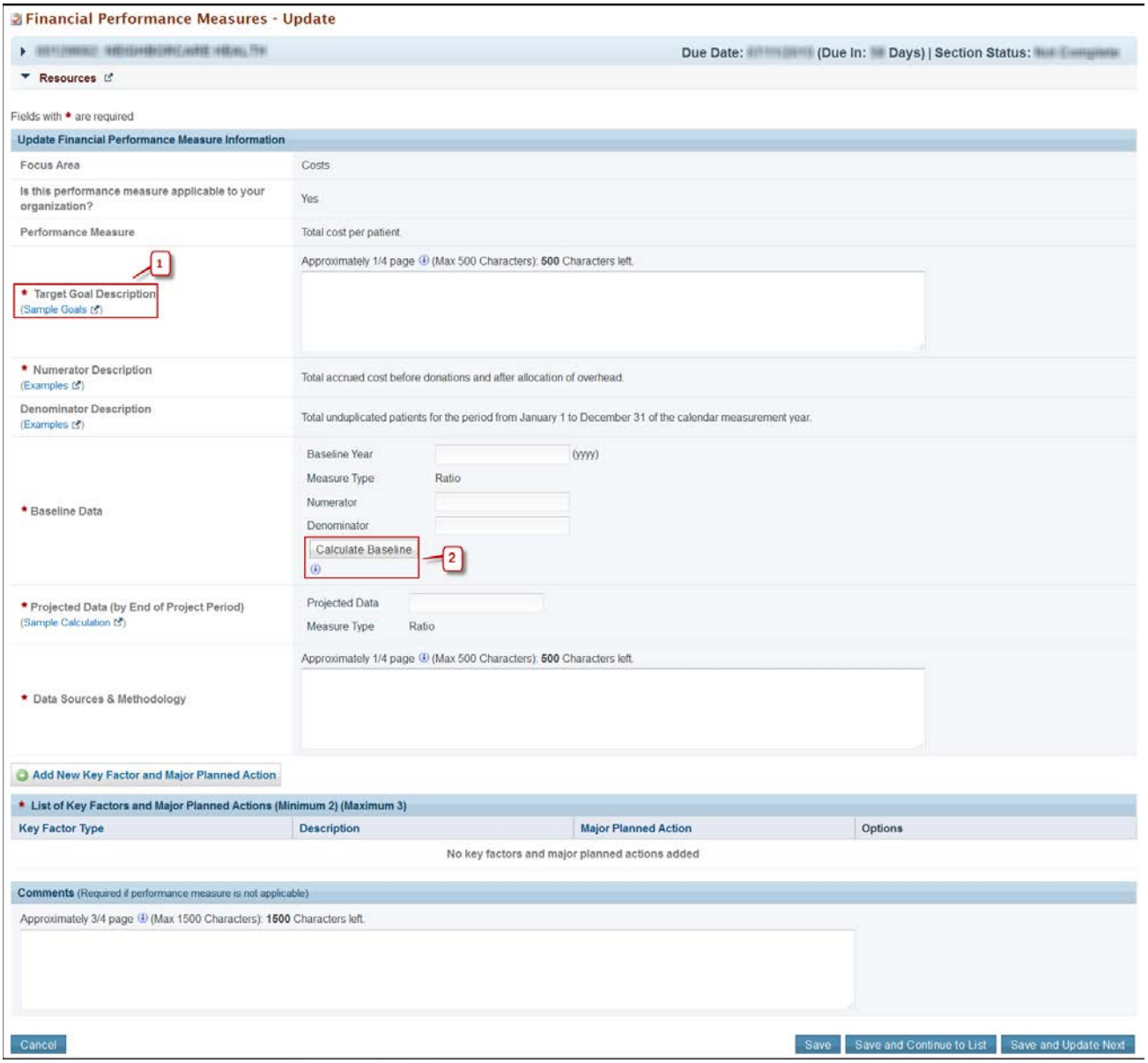
1. Click on the **Update** link to start working on a performance measure (**Figure 78**, **1**).

Figure 78: Financial Performance Measures – List page

IMPORTANT NOTE: The **Financial Performance Measures** form will be 'Complete' when the status of all Standard measures and Other measures are 'Complete'. All standard measures are required and must be completed.

- The system navigates to the **Financial Performance Measure – Update** page (**Figure 79**).

Figure 79: Financial Performance Measure - Update Page



2. Provide a **Target Goal Description**, for each performance measure (**Figure 79**, **1**). For all standard measures, the **Numerator** and **Denominator** descriptions are pre-populated.
3. For Baseline Data, enter the year of the data provided and the numerator and denominator values based on the descriptions given. Use the Calculate Baseline button to calculate the baseline data. (**Figure 79**, **2**)
4. Enter the goal by the end of the two-year project period under **Projected Data (by End of Project Period)**.
5. Describe the **Data Sources & Methodology** used to collect and analyze data.

6. Click on the Add New Key Factor and Major Planned Action button to add Key Factors. Provide information for at least one restricting and one contributing Key Factor type.
7. Click the Save and Return to Performance Measure button to save the information on the **Key Factor and Major Planned Action - Add** page and proceed to the **Financial Performance Measures – Update** page, or click the Save and Add Another Key Factor button to save the key factor information you provided and proceed to add a new key factor.
8. Provide comments in the Comment field if needed.
9. Click on the Save button to save the information on this page. To go to the **Financial Performance Measures** page, click on the Save and Continue to List button or click on the Save and Update Next button to update the next performance measure in the list.

3.18.2 Adding Other Performance Measures

To add an 'Other' financial performance measure to your application, follow the steps below:

1. Click the Add Other Performance Measure button on the Financial Performance Measures list page.
   - The **Financial Performance Measures – Add** page opens.
2. Select a focus area from the drop-down menu.
3. Provide all the required information.
4. To add the key factors, click on the Add New Kay Factor and Major Planned Action button. Provide information for at least one restricting and one contributing Key Factor type.
5. Click on the Save button to save the information on this page. To go to the performance measure list page, click on the Save and Continue button. The newly added measure will be listed under the **Other Measures** at the bottom of the **Financial Performance Measures** page.
6. Newly added 'Other' measures can be updated or deleted by using the **Update** and **Delete** links provided as options.
7. After completing all of the Financial Measures, click the Save and Continue button to save the information and proceed to the next form.

3.19 Equipment List

The **Equipment List** form provides a line-item list of proposed equipment to be purchased with grant funds.

IMPORTANT NOTE: If you requested One-Time Funding for Year 1 in Form 1B: Funding Request Summary and indicated that you will be using these funds for 'Equipment only' or for 'Minor Alteration and Renovation with Equipment', you will be required to complete the **Equipment List** form. Otherwise, this form is not applicable (**Figure 80**). If the form is not applicable to you, click the Continue button to proceed to the next form.

Figure 80: Equipment List Page – Not Applicable

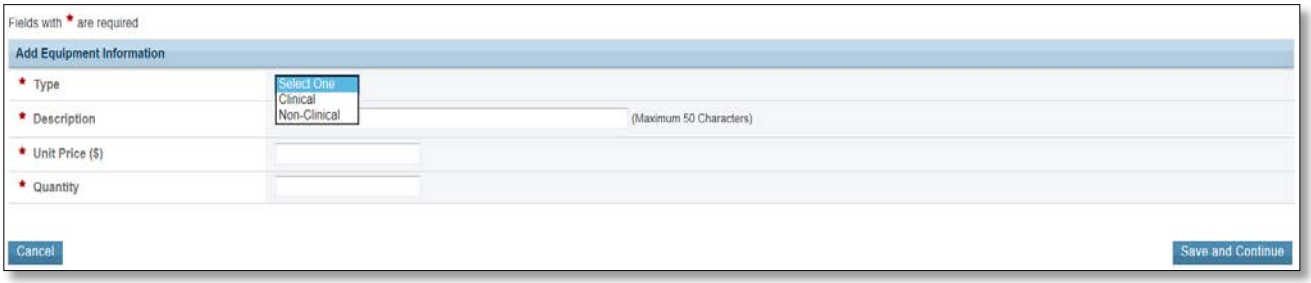
To complete this form when it is applicable, follow the steps below:

1. Click the Add button to add equipment (**Figure 81**).

Figure 81: Equipment List Page

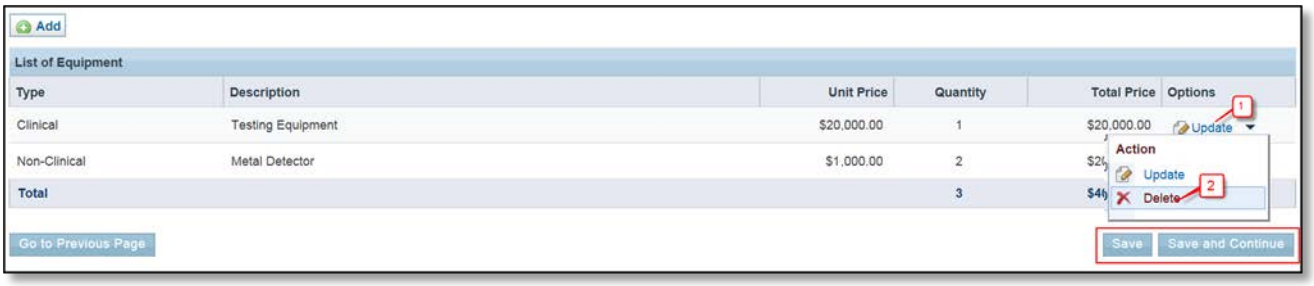
2. The system navigates to the **Equipment Information - Add Page** (**Figure 82**).

Figure 82: Equipment Information - Add Page



3. Select an equipment Type and enter the Description, Unit Price ($), and Quantity.
4. Click the Save and Continue button at the bottom of the screen. You will be returned to the **Equipment List** page (**Figure 83**).

Figure 83: Equipment List Page with Equipment Added



5. To edit an equipment list item, click on the **Update** link under the Options menu (**Figure 83, 1**). To delete an equipment item, click on the **Delete** link under the Options menu (**Figure 83, 2**).

IMPORTANT NOTE: If you are requesting One-Time Funding in Form 1B: Funding Request Summary for 'Equipment only', the total price of equipment requested in this form must be equal to the One-Time Funds request. Otherwise, the total price can be less than the one-time funds requested.

6. When you have finished entering the equipment, click the **Save and Continue** button at the bottom of the screen to save your work and proceed to the next form.

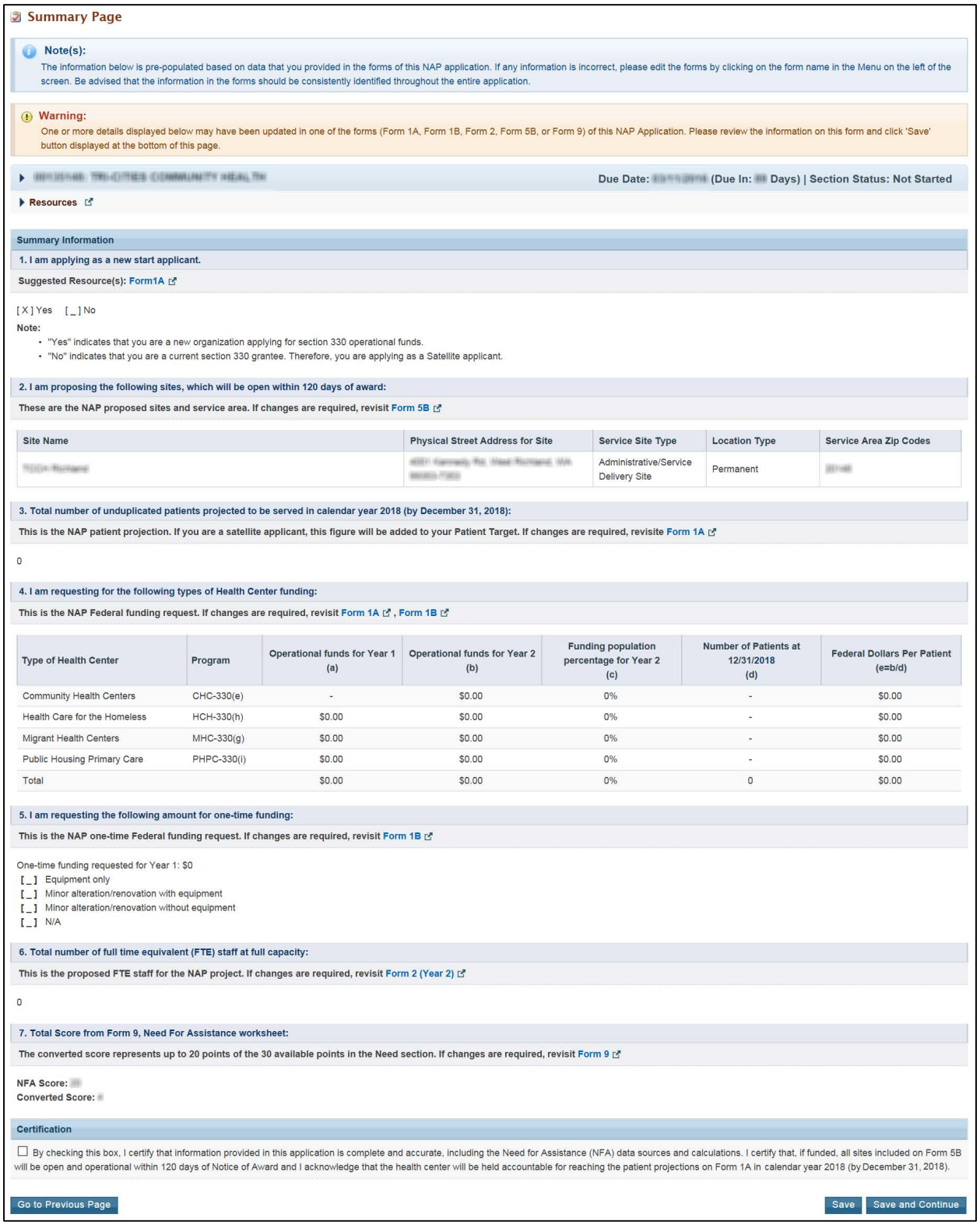
3.20 Summary Page

This form displays read-only information provided in the following program specific forms of the NAP application: Form 1A, Form 1B, Form 2, Form 5B and Form 9. You are required to acknowledge and certify that the information displayed in this form is correct.

1. Review the data displayed on the **Summary** page (**Figure 84**) for accuracy. If any information is incorrect, edit the forms by clicking on the form name in the left navigation panel. Be advised that the information in the forms should be consistently identified throughout the entire application.
2. When all information is complete and accurate, click the check box to certify the form and then click the Save and Continue button.

IMPORTANT NOTE: If you update the information in any of the related forms after completing the **Summary Page**, you will be required to revisit the **Summary Page** to review and acknowledge the updated information.

Figure 84: Summary Page



Summary Page

Note(s):
The information below is pre-populated based on data that you provided in the forms of this NAP application. If any information is incorrect, please edit the forms by clicking on the form name in the Menu on the left of the screen. Be advised that the information in the forms should be consistently identified throughout the entire application.

Warning:
One or more details displayed below may have been updated in one of the forms (Form 1A, Form 1B, Form 2, Form 5B, or Form 9) of this NAP Application. Please review the information on this form and click 'Save' button displayed at the bottom of this page.

[redacted] Due Date: [redacted] (Due In: [redacted] Days) | Section Status: Not Started

Resources

Summary Information

1. I am applying as a new start applicant.

Suggested Resource(s): Form1A

[X] Yes [_] No

Note:
- "Yes" indicates that you are a new organization applying for section 330 operational funds.
- "No" indicates that you are a current section 330 grantee. Therefore, you are applying as a Satellite applicant.

2. I am proposing the following sites, which will be open within 120 days of award:

These are the NAP proposed sites and service area. If changes are required, revisit Form 5B

Site Name	Physical Street Address for Site	Service Site Type	Location Type	Service Area Zip Codes
[redacted]	[redacted]	Administrative/Service Delivery Site	Permanent	[redacted]

3. Total number of unduplicated patients projected to be served in calendar year 2018 (by December 31, 2018):

This is the NAP patient projection. If you are a satellite applicant, this figure will be added to your Patient Target. If changes are required, revisite Form 1A

0

4. I am requesting for the following types of Health Center funding:

This is the NAP Federal funding request. If changes are required, revisit Form 1A , Form 1B

Type of Health Center	Program	Operational funds for Year 1 (a)	Operational funds for Year 2 (b)	Funding population percentage for Year 2 (c)	Number of Patients at 12/31/2018 (d)	Federal Dollars Per Patient (e=b/d)
Community Health Centers	CHC-330(e)	-	$0.00	0%	-	$0.00
Health Care for the Homeless	HCH-330(h)	$0.00	$0.00	0%	-	$0.00
Migrant Health Centers	MHC-330(g)	$0.00	$0.00	0%	-	$0.00
Public Housing Primary Care	PHPC-330(i)	$0.00	$0.00	0%	-	$0.00
Total		$0.00	$0.00	0%	0	$0.00

5. I am requesting the following amount for one-time funding:

This is the NAP one-time Federal funding request. If changes are required, revisit Form 1B

One-time funding requested for Year 1: $0
[_] Equipment only
[_] Minor alteration/renovation with equipment
[_] Minor alteration/renovation without equipment
[_] N/A

6. Total number of full time equivalent (FTE) staff at full capacity:

This is the proposed FTE staff for the NAP project. If changes are required, revisit Form 2 (Year 2)

0

7. Total Score from Form 9, Need For Assistance worksheet:

The converted score represents up to 20 points of the 30 available points in the Need section. If changes are required, revisit Form 9

NFA Score: [redacted]
Converted Score: [redacted]

Certification

☐ By checking this box, I certify that information provided in this application is complete and accurate, including the Need for Assistance (NFA) data sources and calculations. I certify that, if funded, all sites included on Form 5B will be open and operational within 120 days of Notice of Award and I acknowledge that the health center will be held accountable for reaching the patient projections on Form 1A in calendar year 2018 (by December 31, 2018).

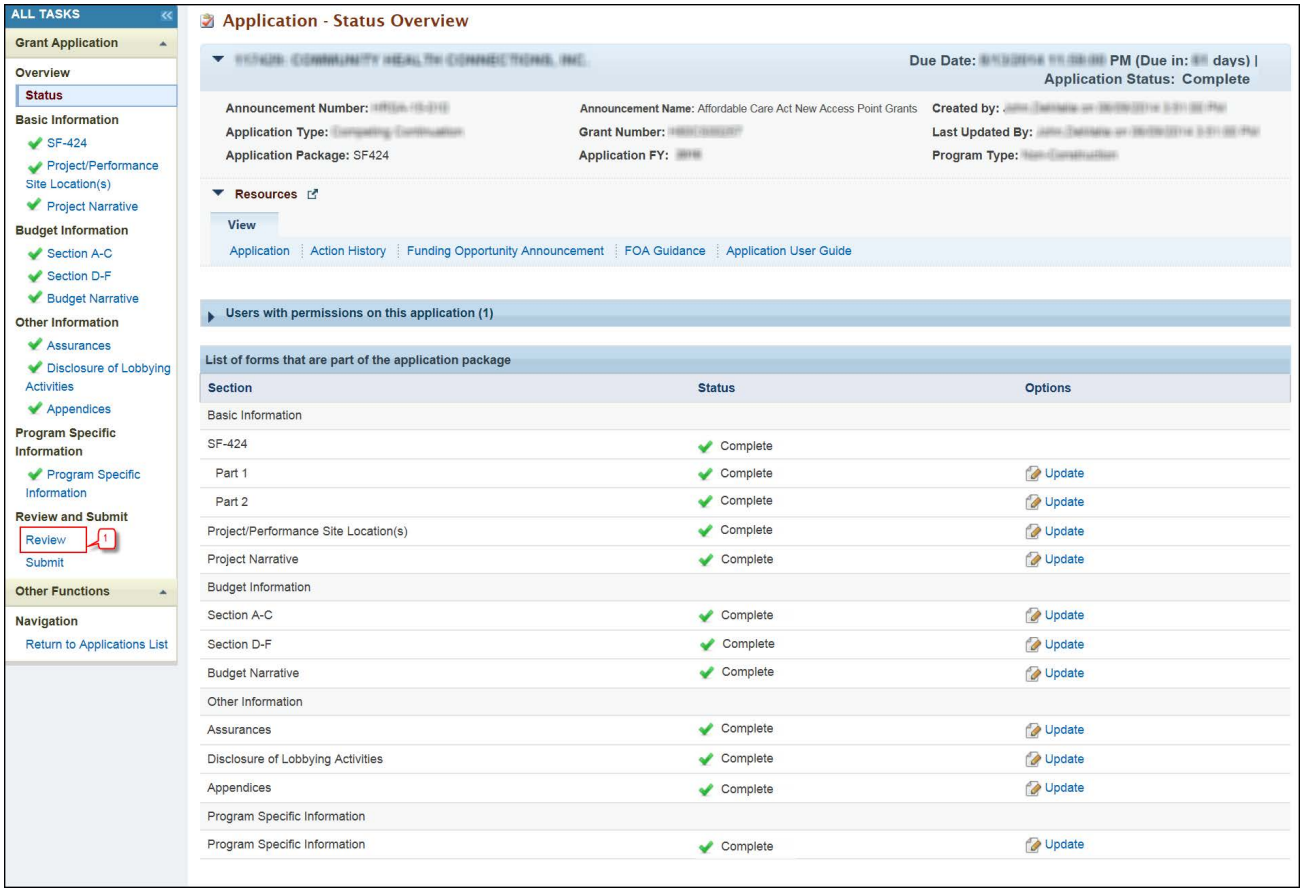
Go to Previous Page | Save | Save and Continue

4. Reviewing and Submitting the FY 2017 NAP Application to HRSA

To review your application, follow the steps below:

1. Navigate to the standard section of the application using the **Grant Application** link in the navigation links displayed at the top of the **Program Specific** forms.
2. On the **Application** - **Status Overview** page, click the **Review** link in the Review and Submit section of the left menu (**Figure 85**, **1**).

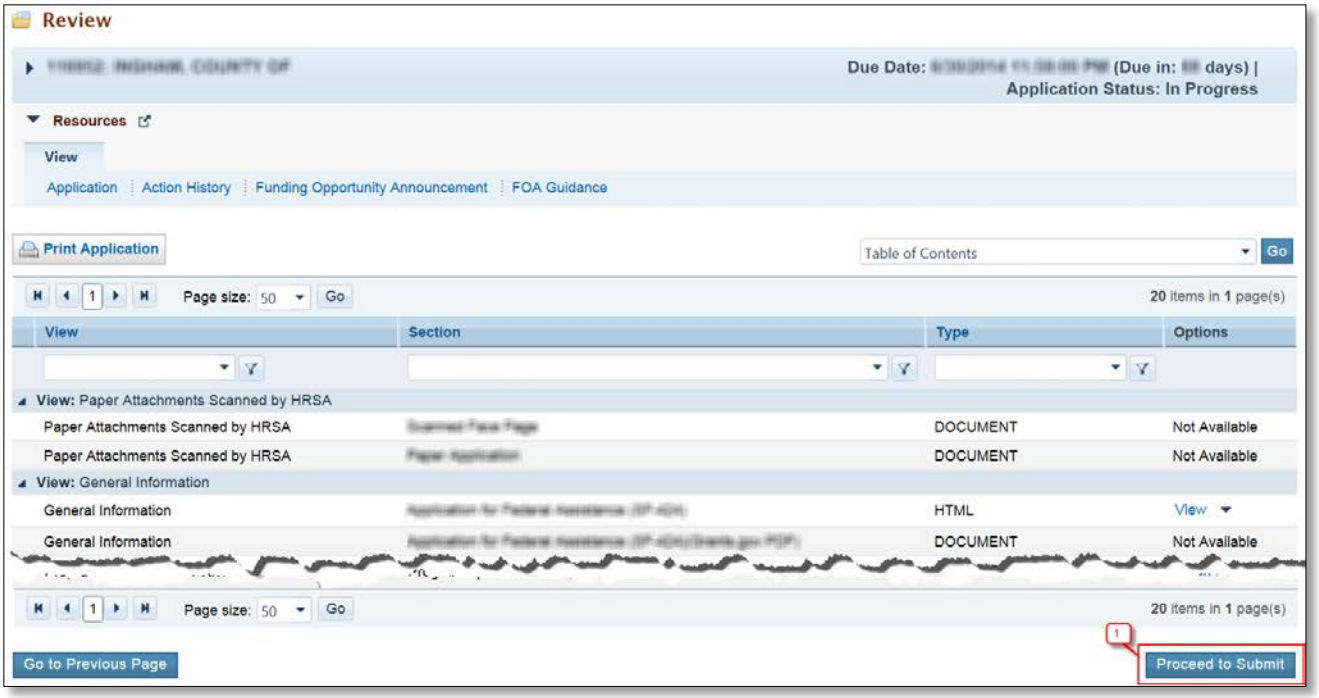
Figure 85: Review Link



➢ The system navigates to the **Review** page.

3. Verify the information displayed on the **Review** page.
4. If you are ready to submit the application to HRSA, click the Proceed to Submit button at the bottom of the **Review** page (**Figure 86**, **1**).

Figure 86: Review Page – Proceed to Submit



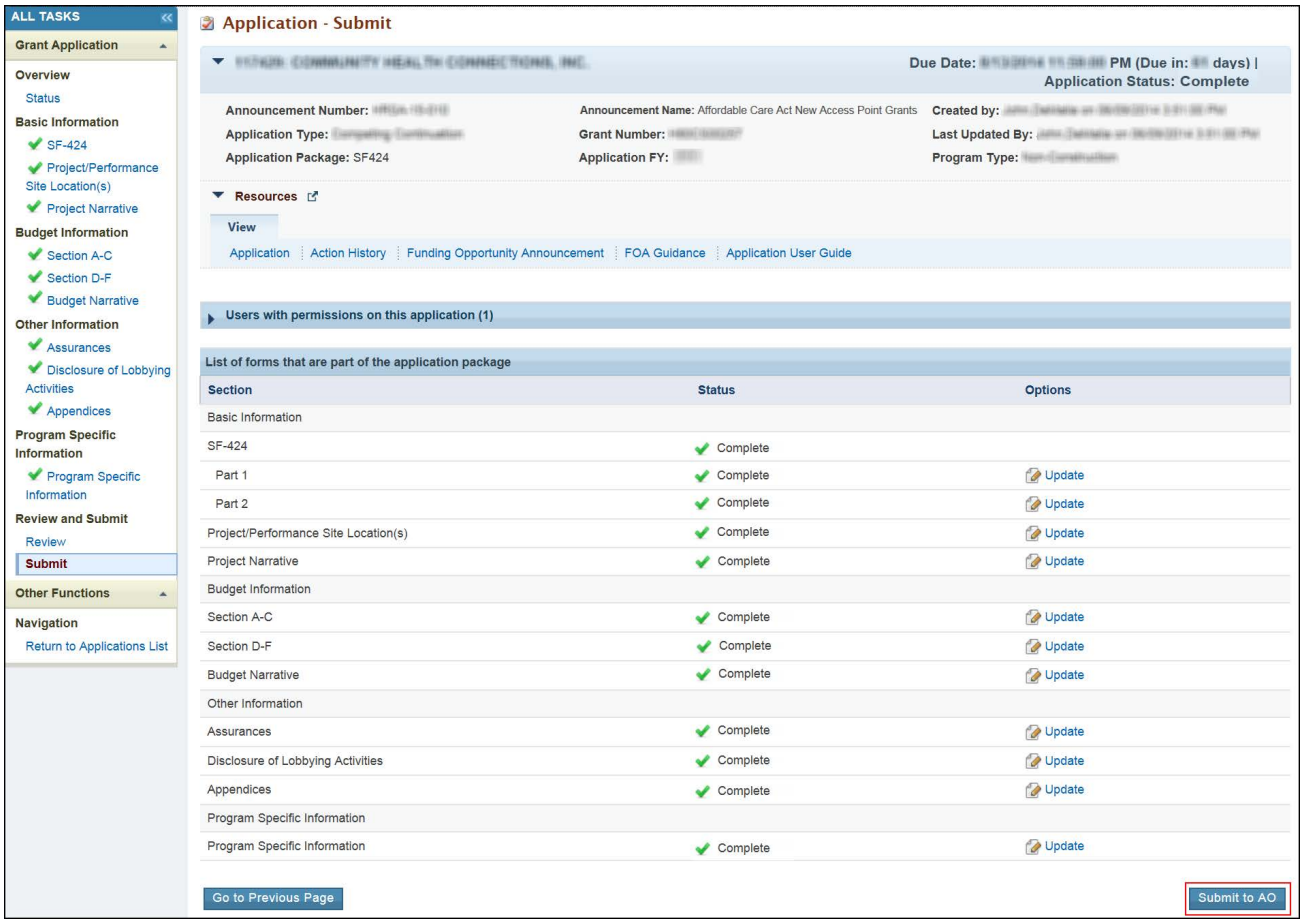
- The system navigates to the **Submit** page.

5. Click the Submit to HRSA button at the bottom of the **Submit** page.
   - The system navigates to a confirmation page.

IMPORTANT NOTES:

- To submit an application, you must have the 'Submit' privilege. This privilege must be given by the Project Director (PD) to the Authorizing Official (AO).
- If you are not the AO, a Submit to AO button will be displayed at the bottom of the Submit page. Click the button to notify the AO that their action is required to submit the application to HRSA (**Figure 87**).
- Applicants are strongly encouraged to notify the AO directly and ensure that they leave adequate time for the AO to complete the submission process prior to the deadline.

Figure 87: Submit to AO



6. Answer the questions displayed under the Certifications and Acceptance section of the confirmation page and click the Submit Application button to submit the application to HRSA.
7. If you experience any problems with submitting the application in EHB, contact the **BPHC Helpline** at 1-877-974-2742 ext. 3 (Monday – Friday, 8:30 AM - 5:30 PM ET) or send an email through the **Web Request Form** (http://www.hrsa.gov/about/contact/bphc.aspx).